NGO NETWORKING PROJECT
PRO REDES SALUD

ANNUAL REPORT
2002

JSI Research & Training Institute, Inc.
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Strategic Objective 3: Better Health for Women and Children
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Table of Contents

Annexes

NGO Networks Project
Pro Redes Salud
Annual Report
2002

I. Program Description

A. Background

After a generation of civil war, the Guatemalan Peace Accords have called for a spirit of reconciliation and dialogue in order to move the country towards more pluralistic and democratic systems of governance in which all citizens are treated equally and given the opportunity to advance. As part of this process, the government of Guatemala is working to improve access to basic health services, particularly for the most vulnerable populations.

Although much of the country is affected by poverty, Guatemala's social and health indicators reveal a large disparity between Ladino and Mayan health and economic status, thus highlighting the need to focus efforts in the highland Mayan area, particularly among rural isolated communities.

One approach that has emerged to meet this challenge involves the contracting of NGOs to provide basic primary health services in rural areas and facilitate the greater involvement of local communities. At the present time, the Ministry of Health has 92 NGOs (30% of these as administrators, and 70% as service providers) throughout the country contracted to provide basic services to a total of 3.2 million population at risk. This program, known as el Proceso de Extension de Cobertura (PEC), is managed by the Unidad de Provision de Servicios, Primer Nivel (UPS1) of the Ministry, and forms part of the Sistema Integral de Atencion en Salud (SIAS).

In Guatemala NGOs play an important role in the provision of basic health services, particularly among rural populations. Over the past 30 years or more, the NGO sector has grown significantly in size. Hundreds of NGOs, small and large, have arisen to assist the most vulnerable populations improve their well being. According to a recent directory of NGOs published by the Foro de Coordinaciones de ONGs en Guatemala (Feb., 2002), there are currently a total of 420 known NGOs working in Guatemala, 164 of these working in health.

USAID Guatemala has traditionally recognized the important role played by NGOs in the provision of health care to the most vulnerable populations, and has played an important role in the strengthening of NGOs working in health. Prior to the implementation of the current project, the Mission supported two NGO initiatives, one implemented by the Population Council and another implemented by Project Concern International. Among other accomplishments, these initiatives successfully unified two groups of NGOs into legal networks and strengthened their capacities in the provision and administration of primary quality care. Together the 30 NGOs supported by these projects provided care to an estimated total of 550,000 population.

B. Project Purpose, Geographical and Technical Focus, and Objectives

The NGO Networks Project, known as Pro Redes Salud, began in September, 2001 and ends in September of 2004. It represents a continuation of Mission support to the NGO sector in Guatemala and is designed to build upon the success of earlier efforts. The purpose of the project is to contribute to the successful achievement of Mission Strategic Objective 3: Better health for women and children. Project objectives address the following Intermediate Results:

IR 1: More rural families use quality maternal child health services and have better household practices
IR 2: Public health programs are well managed.

The project is focused on the following technical and geographical areas:

Geographical Focus:

- Quetzaltenango
- San Marcos
- Huehuetenango
- Totonicapan
- Quiche
- Solola
- Chimaltenango

Technical Areas:

Integrated Child Health

- Detection, case management and referral of diarrheal disease in children under five
- Detection, case management and referral of respiratory infections among children under five
- Growth monitoring and counseling of children under two
- Micronutrient supplementation (vitamin A and iron) among children under two

Integrated Reproductive Health

- Prenatal and postnatal care including tetanus toxoid, iron, folic acid and referral
- Promotion of exclusive breastfeeding and proper infant nutrition
- Family planning promotion and service delivery
- Detection and referral for breast cancer
- Screening and referral for cervical cancer
- Prevention and referral for STDs, HIV/AIDS

Objectives:

Pro Redes Salud is designed to achieve the following nine objectives:

1. **Expand geographic and service coverage through NGO Networks:** Expand primary care coverage to high risk rural Mayan populations through:

    - geographical expansion into high risk rural communities where no services are currently available, and/or

- Provide assistance to Networks and member NGOs to improve and expand their service package in existing areas.

2. **Strengthen MOH-NGO coordination:** Strengthen the coordination between NGOs and the MOH at all levels - central, departmental and district - through the development of improved mechanisms for collaboration.

3. **Strengthen networks and NGOs:** Strengthen legal NGO networks and informal groupings of NGOs and their members to provide quality primary health care among children under five and women in fertile age, manage programs more effectively and improve sustainability.

4. **Promote NGO-NGO training and technical assistance:** Strengthen networks to provide training and TA to member NGOs and others.

5. **Incorporate family planning, IMCI (AEIPI) and AINM-C protocols into service delivery:** Incorporate family planning and the new protocols for community-based Integrated Management of Childhood Illnesses (IMCI or AEIPI in Spanish) and Atencion Integral del Nino y la Mujer, nivel Comunitario (AINM-C) into network and NGO service delivery.

6. **Form new NGO networks:** Assist interested NGOs in the formation of formal and informal NGO networks or groups on the national and local level to improve coordination and service provision in high risk areas.

7. **Encourage the creation of one or more umbrella NGO networks:** Seek the opportunity to unify existing NGO networks into one or more umbrella network of networks, if possible and feasible.

8. **Design and implement a departmental model for MOH-NGO collaboration:** Improve collaboration among area health offices, NGOs and other NGOs and other partners through the development of a collaboration model on the departmental level.

9. **Assist NGOs to sustain their reproductive and child health services:** Provide support to networks and member NGOs to improve the sustainability of their primary care services.

C. Project Components

For conceptual and practical purposes, Pro Redes has been divided into two major components. Each of these is contributing to project objectives, as discussed below.

Component One: Expansion of geographic and service coverage through NGO Networks
Component Two: Strengthening of NGO Networks and NGOs

II. Component One: Expansion of geographic and service coverage through NGO Networks - Project Objectives and Results to Date

Objective 1: Expand geographic and service coverage through NGO Networks
The first project component is aimed directly at achieving Objective 1 through the expansion of primary care coverage to high risk rural Mayan populations in the seven priority highland departments. This is being accomplished primarily through geographical expansion into high risk rural communities where no services were previously available.

A. Network and NGO Selection for the First Funding Round

1. *Background Preparation*
   Preparation for the expansion of service delivery to high risk areas through NGO networks began with the identification of high risk areas needing support, and the development of key materials to be given to interested NGOs and networks during the first Convocatoria.

   a. **Identification of high risk areas:** In early 2002, USAID held a series of meetings with the MOH and its partners regarding the nutrition crisis in the country. During these meetings, Pro Redes was given lists of municipalities and communities with high rates of malnutrition among children under five. This information came from two sources: 1) a study of children entering in first grade, and 2) subsequent anthropometric studies conducted by the MOH and NGOs on the household level. This information formed the basis of the community selection for project network and NGO grants. In addition, Pro Redes technical staff met with MOH Area directors and personnel to ensure that the communities identified in the project's final list were also those considered to be the highest priority by the Health Area, and were not already covered by NGOs in the PEC SIAS program of the MOH. The final list of communities was presented to interested NGOs and networks in the Convocatoria.

   b. **Proposal format and selection criteria:** Project technical staff reviewed examples of proposal formats and selection criteria from other NGO projects, and developed a standard format that was also given to interested parties during the first Convocatoria. The project decided to use a proposal format that is a simplified "menu" type presentation in order to make proposal development easier for NGOs that may not have the experience others have in proposal development. This standard simplified format also presents clearly the technical areas and activities desired in the project by Pro Redes. The selection criteria were given to the NGOs with the packet. Each of the criterion refers to specific pages on the standard proposal format, making comparison of proposals much easier during the selection process

2. *The First Network and NGO Convocatoria*
   Detail on the first Convocatoria may be found in the project Semi-Annual report 2002, Annex A.

   a. **Ad in the newspaper notifying all NGOs and networks:** The project decided to request proposals from networks and NGOs using an all-inclusive and transparent process that would allow any and all to participate. An ad was placed in the largest newspaper, calling all

interested in NGOs and networks in the health sector to a half-day meeting on March 19, 2002 in the Hotel Melia in Guatemala City.

b. Participation: A total of 158 participants attended the first network and NGO Convocatoria, representing 101 NGOs and networks, the MOH and several other institutions.

c. Presentations: The Mesa Directiva was made up of Mr. Ed Scholl, Cognizant Technical Officer for Pro Redes Salud, Office of Health and Education, USAID; Dr. Elizabeth Burleigh, Director of Pro Redes Salud; and Dr. Zoel Leonardo, Coordinator of UPS1 of the MOH. Dr. Felipe Lopez, Technical Coordinator for Child Health, Pro Redes Salud, served as moderator. Dr. Julio Molina Avilez, Vice Minister of the MOH, sent his apologies. Presentations were made by Mr. Ed Scholl, Dr. Burleigh and Dr. Leonardo. For a more complete description of the Convocatoria, see the project Semi-Annual Report, 2002.
A set of proposal materials was made available to interested NGOs and networks at the end of the event.

3. Proposals Received

The final date for receipt of proposals was April 18. By this date, Pro Redes had received proposals from 12 networks and 52 NGOs, some of whom had presented several proposals for different geographical areas.

Table 1: Summary of networks and NGOs presenting proposals, first funding round

Network	NGO	Department
1. SEKER	. Kojsamaj Junam	Chimaltenango
2. CIAM	. ADIFCO	San Marcos
	. DIURANO	San Marcos
	. Cruz Roja	San Marcos
	. APAZSM	San Marcos
	. APDIAM	San Marcos
3. Wukup B'atz	. ELA	Totonicapan
	. CONSERTEP	Totonicipan
	. Wukup B'atz	Totonicipan
4. Coord. de ONGs San Marcos	. ADIPO	San Marcos
	. SINTRACIM	San Marcos
5. ASECSA	. ACODIMAM	Quetzaltenango and San Marcos
	. ADI	Quetzaltenango and San Marcos
	. CERNE	Chimaltenango
6. ASODESMA	. AASDIMA	Quetzaltenango
	. ADIM	San Marcos
	. ADRIM	San Marcos

	.	Asoc. Des. Marquense	Quetzaltenango
7. ASODESO	.	Asoc. Fe y Amor	Solola
8. CONODI	.	ACMPASA	Quetzaltenango
	.	AMUPEDI	Quetzaltenango
	.	ADIM	Totonicapán
	.	CMM	Totonicapán
	.	ADIMC	Solola
	.	AINCO	Huehuetenango
	.	Pro Huehue	Huehuetenango
	.	CORSADEC	Huehuetenango and Quetzaltenango
	.	Salud Sin Limites	El Quiche and Totonicipan
9. FUNRURAL	.	San Pedrana	Chimaltenango
	.	ADASP	San Marcos
	.	Esquipulas R.L.	Huehuetenango
	.	FUNRURAL	Quetzaltenango
10. REDISQAMIL	.	EDS	Quetzaltenango
	.	Nuevos Horizontes	Quetzaltenango and San Marcos
	.	Coop. Monja Blanca	Quetzaltenango
	.	ARTEXCO	Totonicapán, Huehuetenango, Solola, Quetzaltenango and San Marcos
11. REDDES (ex PCI Network)	.	APROSAMI	San Marcos
	.	Yun Q'ax	San Marcos and Quetzaltenango
	.	Acuala	Chimaltenango
	.	Kajih Jel	Chimaltenango
	.	Chuiwi Tinamit	Chimaltenango
	.	ATI	Totonicapan
	.	Eb Yajaw	Huehuetenango
	.	Timach	Quetzaltenango
	.	ADIVES	Huehuetenango
12. FESIRGUA (Ex Pop Council Network)	.	Aq'bal Prodesca	Solola
	.	Renacimiento	Chimaltenango

	.	Proyecto Candelaria	Chimaltenango
	.	ADSEIC	Chimaltenango
	.	CESERCO	Totonicapán
	.	Belejeb B'atz	Quetzaltenango
	.	PRODIRAK	Quetzaltenango

Table 2: Proposals received by Department (Note: none received in this round for Ixil)

Department	No. of Networks	No. of NGO Proposals
Chimaltenango	5	10
San Marcos	7	16
Quetzaltenango	7	19
Totonicapán	5	10
Solota	4	4
Huehuetenango	4	10
Quiche	1	1

4. *The Pre-Selection Process*

The next step in the process involved the formation of Selection Committees for each health area, review and rating of each network and NGO proposal received, and a pre-selection of the best candidates for funding. Detail on the pre-selection criteria may be found in the project Semi-Annual Report, 2002 in Annex A.

a. Selection Criteria: Technical and financial-administrative rating forms were developed by the project for use during pre-selection. Each of the rating forms included 9 indicators, for a possible total of 100 points. The nine technical indicators for the pre-selection of NGOs involved rating of each NGOs experience level, proposed location and population size, proposed technical elements, level of proposed community participation, and coordination with the MOH and other key partners. The nine financial-administrative indicators involved rating of each NGO's financial system, procurement system, fixed asset control system and audit history.

b. Formation of Selection Committees: Eight selection committees were formed. Seven of these were area committees made up of personnel from the MOH health area level and Pro Redes, while the eighth committee was made up of representatives from the MOH central level (UPS1) and project personnel. The seven area selection committees were tasked with reviewing all of the NGO proposals for each of their Areas, while the eighth committee reviewed the proposals from the networks themselves.

Table 3: Composition of selection committees by health area, first funding round

Committee Members	Net-works	Quetzal-tenango	Huehue-tenango	San Marcos	Totoni--capan	Quiche	Chimal-tenango	Solola
Technical teams								
Pro Redes								

Director	X							
Pro Redes Technical Supervisor				X	X	X	X	X
Pro Redes Dept. Coords.		X		X	X	X	X	X
MOH UPS 1 technical	X							
Area Director				X	X			
Area Coord. PEC	X (Ixil)	X	X (2)	X	X	X	X	X
Municipal Coord. PEC				X				
Adminis-trative teams								
Pro Redes Admin. staff			X	X				
Hope Consultant	X							
Hope Admin. staff		X						
MOH UPS 1 Admin	X							
Area Admin.		X (2)	X	X	X	X	X	X

c. Implementation of the Pre-Selection: The pre-selection workshop was held in Quetzaltenango in the Bella Luna Hotel on April 24-25, 2002. The request for area participation was sent from the MOH to the area directors and signed by the Vice Minister. The event began with an introduction to Pro Redes Salud and an explanation of the selection process by the project director, followed by questions and answers.

Once the process was clear, the group broke into selection committees and began reviewing and rating proposals. Each team member was first tasked with reviewing each proposal independently and giving each one a score. No discussion of proposals was permitted at this stage.

Once this task was completed and all proposals had been independently scored, the scores for each proposal were entered on a flip chart by each committee and the average scores calculated. Administrative-financial and technical scores were analyzed separately. Thus, in each Committee each proposal received two final average scores, one technical and one administrative-financial. Committees were then asked to rank the proposals based on the average technical score first and then taking the average administrative-financial score into account. Once the proposals were ranked, committees pre-selected several NGOs that would receive field visits. During this phase of the process, committees were allowed to discuss the proposals in detail.

For the most part, the NGO proposals pre-selected for field visits in the first funding round were those receiving the highest average technical scores. In some instances an NGO proposal ranking high technically was not selected because of its lower score in administration-finances, or because the proposal targeted a low priority geographical area. Annex E of this report contains the individual and average technical and administrative-financial scores received for each proposal in each department, by proposal number. The proposals pre-selected are marked in bold.

5. *Final selection of network and NGO projects for the first funding round*
Once the field visits were completed, each selection committee met to make its final selection and recommendations for population size and location to Pro Redes Salud. The following were the results. Recommendations were made to Pro Redes in writing by each team, and signed by all members. Copies of these recommendations may be found in the project Semi-Annual Report 2002, Annex D.

Table 4: Selected NGOs, locations and population, first funding round

Department	NGOs Selected	Department	Location	Population
Chimaltenango	Renacimiento	Chimaltenango	Patzun	10,000
	Chuwi Tinamit	Chimaltenango	Chimaltenango	5,000
	Kajih Jel	Chimaltenango	Patzicia	5,000
San Marcos	ADAPS	San Marcos	Concepción Tutuapa	20,000
Solola	Aq'bal Prodesca	Solola	San Lucas Toliman	10,000
Huehuetenango	Eb Yajaw	Huehuetenango	Santa Barbara	15,000
Quetzaltenango	FUNRURAL	Quetzaltenango	Colomba and Coatepeque	20,000
Quiche	Salud sin Limites	Quiche	Quiche	15,000
Totonicapan	Wukup B'atz	Totonicapan	Momostenango	12,000
7 departments	**9 NGOs**	**7 Departments**	**10 Municipios**	**112,000 population**

Table 5: Selected NGOs and networks

Network	NGOs	Departments	Municipios	Population
REDDES	Chuwi Tinamit	Chimaltenango	Chimaltenango	5,000
	Kajih Jel	Chimaltenango	Patzicia	5,000
	Eb Yajaw	Huehuetenango	Santa Barbara	15,000

			TOTAL	**25,000**
FESIRGUA	Renacimiento	Chimaltenango	Patzun	10,000
	Aq'bal Prodesca	Solola	San Lucas Toliman	10,000
			TOTAL	**20,000**
FUNRURAL	FUNRURAL	Quetzaltenango	Colomba and Coatepeque	20,000
	ASPS	San Marcos	Concepción Tutuapa	20,000
			TOTAL	**40,000**
CONODI	Salud sin Limites	Quiche	Quiche	15,000
			TOTAL	**15,000**
Wukup B'atz	Wukup B'atz	Totonicapán	Momostenango	12,000
			TOTAL	**12,000**

6. Negotiations and Signing of Grant Agreements

Once the selection had been completed by the Selection Committees, the project obtained the approval of the grant agreement instrument from the Mission, negotiated final overall budget assignments and locations with the networks and NGOs, and signed the agreements. Copies of the first round grant agreements may be found in the project Semi-Annual Report 2002, Annex E.

a. Development of the Agreement instrument: Pro Redes worked closely with JSI and a local lawyer to develop an agreement instrument that would be used by the project for the agreements with the networks. The final agreement form was approved by USAID.

b. Negotiations and signing: the project then met with all selected networks and NGOs to negotiate the terms of the agreement including the duration of projects and funding amounts. Agreements were signed with the five Networks on May 27.

B. Network and NGO project implementation

1. Services to be provided by all networks and NGOs

All selected networks and NGOs selected by the committees have agreed to provide a basic set of services on the community level. These services are those identified by the Mission in the Project Description section of the Cooperative Agreement, as follows:

Integrated Child Health

- Detection, case management and referral of diarrheal disease in children under five
- Detection, case management and referral of ARI among children under five
- Growth monitoring and counseling of children under two
- Micronutrient supplementation (Vitamin A and iron) among children under two

Integrated Reproductive Health

- Prenatal and postnatal care including tetanus toxoid, iron, folic acid and referral
- Promotion of exclusive breastfeeding and proper infant nutrition

- Family planning promotion and service delivery
- Detection and referral for breast cancer
- Screening and referral for cervical cancer
- Prevention and referral for STDs, HIV/AIDS

2. *Design of the new service delivery model AEC – ONG*

On June 24, Pro Redes presented a document to UPS1 of the MOH outlining a proposal for innovations in the national SIAS PEC NGO service delivery model to be implemented by Pro Redes. This proposal was reviewed favorably by UPS1. It was decided that Pro Redes would use the opportunity presented by the project to test these innovations, with joint monitoring of progress during project implementation and joint evaluation of lessons learned at the end of the project in 2004 (see discussion of the joint Operations Research under Monitoring and Evaluation of Component One, below). The model with innovations being implemented by the project is being referred to in the OR as Extension de Cobertura – ONGs (AEC-ONG). Comments from the MOH were included in a final document which was presented jointly by UPS1 and Pro Redes to the health areas and selected first round districts on July 9 in a half-day meeting in Chichicastenango. A copy of the document "Innovations in the Current Service Delivery Model" may be found in the project Semi-Annual Report 2002, Annex F.

The following is a summary of the innovations that have been made to the SIAS PEC NGO service delivery model and are being tested during the life of the project as AEC-ONG by Pro Redes, the networks and NGOs, and the MOH.

Factors held constant

In order to ensure that the AEC-ONG model with innovations being tested by the NGOs under Pro Redes Salud is replicable by the MOH in the future, certain parameters were held constant. These do not vary from those being currently implemented under the PEC-ONG model. The principal factors held constant are the following:

Grant amounts to NGOs are based on a rate of US$5 per person, the current system and rate used by the SIAS PEC NGO program of the MOH. Thus, any improvements in service delivery provided by this revised model would have an increased chance of replicability by the MOH in the future as the cost of the model would be similar to or less than that currently being implemented by the SIAS PEC NGOs.

With the exception of the innovations presented below, the *job titles and salaries of each health worker in AEC-NGO model are the same as those being implemented within the current SIAS PEC NGO model of the MOH*. This variable was also held constant in order to increase the chances of replicability, as UPS1 felt that it would be simpler for the MOH to modify the terms of reference of a health worker in the SIAS PEC NGO model that it would be to modify the titles.

Service delivery is being conducted based on the national norms for case management, prevention and promotion using the same training materials and supporting IEC materials

and protocols approved by the MOH under the new AIEPI AINM-C norms. These are also the norms currently being disseminated among all NGOs in the SIAS PEC NGO program.

Principal innovations in the model

The principal innovations in the PEC-ONG model being implemented by Pro Redes Salud and its NGOs as under AEC-ONG, are as follows:

1. **Focus and limit preventive and curative services to the highest risk populations – children under 5 years of age and women in fertile age:** Under the current PEC-ONG model, NGOs provide health services to the entire population, not only those most vulnerable. The need to attend the whole population reduces the time available to actively seek cases among those most vulnerable, and represents an additional cost in the provision of care. In the AEC-ONG model, in contrast, both preventive and curative care are focused exclusively on the most vulnerable – children under 5 and women in fertile age. It is hoped that this modification will allow the NGOs, Facilitadores Comunitarios (FCs) and volunteers to better use existing resources and increase access to basic care for those most at risk of illness and death.

2. **Empower the community to play an increased role in the prevention, detection and management of cases through the strengthening of the Facilitador Comunitario as the person primarily responsible for case management and community organization:** Under the current SIAS PEC NGO model, the management of cases is the responsibility of the Médico Ambulatorio (MA), who visits each jurisdiction periodically during each month. Community organization is the responsibility of a Facilitador Institucional (FI). The principal role of the Facilitador Comunitario is to support the MA and the FI. This strategy results in a relatively expensive service delivery model (the cost of the MA and related supplies and equipment) , and limits population access to basic services as the community has no one available full time who can provide care. Fortunately, Guatemala has recently developed simplified protocols for the community-based management of childhood illness and reproductive health which will now permit a community member with a 4-6 grade education – the Facilitador Comunitario – to detect, classify and manage the most common causes of illness among these groups. This will allow the community to take greater responsibility for its own health, and reduce dependence upon ambulatory physicians. In the AEC-ONG model being implemented by Pro Redes Salud, the Facilitadores Comunitarios will assume the principal responsibility for case management on the community level, rather than the MA. FCs from each community with a minimum of 4-6 years of schooling are selected by the community and then trained in the use of the new AIEPI AINMC protocols. The training has a duration of 3 weeks and includes hands-on practice in health centers and hospitals as well as communities. The FCs receive supportive supervision weekly (see below) to reinforce what they learned in their basic training. It is hoped that this modification to the current SIAS PEC NGO model will simplify service delivery, reduce the cost of the model, and permit increased empowerment of communities and increased accessibility to care.

3. **Enable the FC to better attend his or her community and increase access to services by reducing the total population and number of Vigilantes that fall under his or her**

responsibility: Under the current SIAS PEC NGO model, each FC is responsible for approximately 2000 inhabitants (333 families) and supervises around 16 community volunteers (Vigilantes). This may be reasonable given the limited role of the FC under the SIAS PEC NGO model. The AEC-ONG model being implemented by Pro Redes Salud, however, has increased the responsibilities of the FC, as discussed above. This increased responsibility requires some modifications in the organization of care as well. Under the AEC-ONG model, the total population, number of families and number of Vigilantes have been reduced per FC. Each FC covers no more than 1,000 inhabitants (167 families), and is responsible for 8 Vigilantes (one for every 20 families). It is hoped that this innovation in the model will permit the FC to improve access to care and improve the supervision and support of volunteers. .

4. **Prevent the disruption of service delivery by providing basic training in AIEPI AINM-C to NGO technical staff and FCs prior to initiation of service delivery on the community level:** In the current SIAS PEC NGO model, NGO staff contracted by the MOH did not receive basic technical training prior to beginning service delivery. This was due in part to an assumption by the MOH that the NGOs did not need basic technical training. Instead, NGOs were expected to train community FCs and Vigilantes on an in-service basis during monthly meetings. This has proven to be unworkable, since both NGOs and community workers need to be trained first in basic skills. Now that the AEIPI AIMN-C protocols have been completed, a training cascade of SIAS PEC NGOs is being conducted (see below under project Component II), however problems have arisen with communities, districts and areas since it is difficult to take the NGO staff and FCs away from service delivery once it has begun. For this reason, the AEC-ONG model is training the NGOs and FCs in the new simplified protocols before community level service delivery begins. The training is based on the AEIPI AINM-C protocols being used by the MOH in the SIAS PEC NGO cascade training, with additional time for practice**.**

5. **Strengthen the supervision of the FC through the use of nurses or tecnicos en salud rural as supervisors (Enfermeras Ambulatorias (EAs), using a methodology of supportive monitoring and supervision:** The basic technical training of NGO staff and FCs is not sufficient in itself to ensure that the FC is able to provide quality care on the community level. Therefore, the AEC-ONG model has made adjustments to the supervision of the FC. Under the current SIAS PEC NGO model, the FC is supervised by the FI, not by a medical professional. This may be appropriate if the FC is not responsible for patient care. Given the increased responsibility of the FC in the AEC-ONG model, however, it is important that the FC receive ongoing hands-on supportive supervision from a health professional. Therefore, the AEC-ONG model incorporates the figure of the Enfermera Ambulatoria (EA). Each EA is responsible for no more than 5 o 6 FCs to ensure frequent visits to each one. During the supervision visit, the principal role of the EA is to provide supportive in-service training to the FC based on observations of the FC as he or she provides care. The role of the EA during the visit is to strengthen the capacities of the FC, not to provide direct patient care for children under

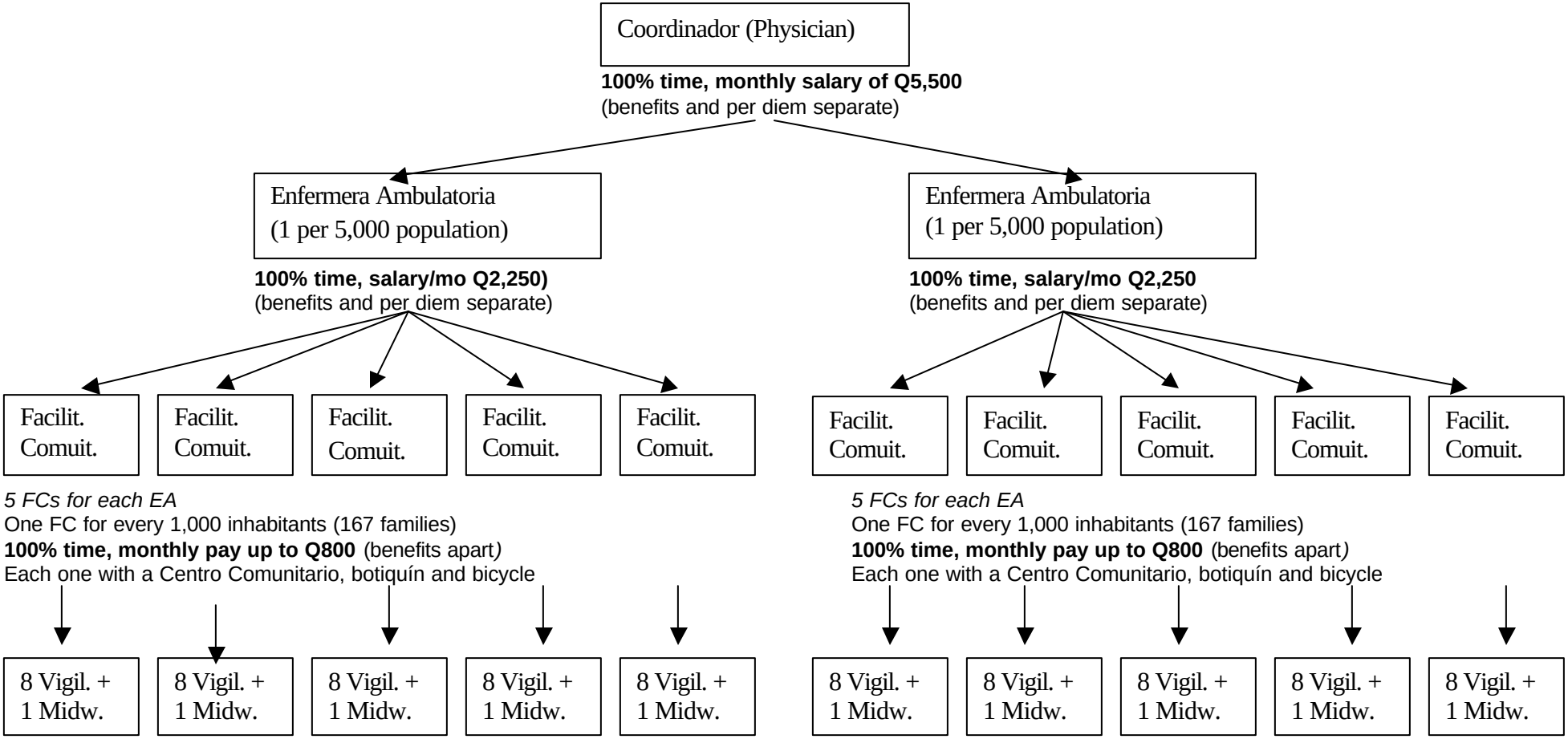
5 or women in fertile age (except in cases of emergency or during immunization activities).

6. **Increase community access to services and improve FC performance by increasing the pay of the FC and increasing his or her time commitment to full time:** Under the current SIAS PEC NGO model, the FC is paid an honorarium of Q500 and is expected to work part time (4 hours per day). This may be sufficient given the limited role of the FC under the current MOH model. Under the AEC-ONG model being implemented by Pro Redes, however, the increased responsibility of the FC requires an increase in time commitment and therefore an increase in pay. In the AEC-ONG model, the FC is engaged to work full time and is paid an honorarium of up to Q800 per month.

Diagram of the AEC-ONG Model

A visual diagram of the AEC-ONG model is presented below. The diagram reflects the model's structure for a population of 10,000, which is the size of a jurisdiction as defined by the MOH.

Graph 1: AEC- ONG SERVICE DELIVERY MODEL - *10,000 POPULATION*



8 Vigilantes and 1 traditional midwife per FC
Each FC divides his or her area into 8 sectors of 20 families each, and identifies a Vigilante that lives in each sector. Each FC also identifies a trained traditional midwife (the one most sought after by the community) to include in the Health Committee. Pay of Q50 per month to Vigilantes and midwives for monthly meetings.

8 Vigilantes and 1 traditional midwife per FC
Each FC divides his or her area into 8 sectors of 20 families each, and identifies a Vigilante that lives in each sector. Each FC also identifies a trained traditional midwife (the one most sought after by the community) to include in the Health Committee. Pay of Q50 per month to Vigilantes and midwives for monthly meetings.

3. Network and NGO Setup and Community Organization

a. Development of first year plans and budgets
All networks and grantee NGOs developed their first year plans and budgets following the signing of agreements in June. Proposed plans and budgets for 2002 were negotiated with the project, and agreed upon in early July.

b. Staffing and strengthening of Network and NGO projects
Once budgets had been approved, in July networks and grantee NGOs received their first disbursements. In July-August, networks and NGOs hired their approved staff and strengthened their central and local offices with the necessary equipment and supplies including motorcycles for supervisory personnel.

c. Community organization and selection of community volunteers
In August-September, networks and NGOs conducted community assemblies to introduce the project to the communities and leaders, and worked with these groups to select community members as Facitadores Comunitarios (FCs) and Vigilantes. This process was an important step as the identification of FCs and Vigilantes by the community is key to both the effectiveness and the sustainability of NGO projects in the long term.

4. Community Data Collection (mapping, census and baseline)

a. Mapping and census data collection
In September-October, NGOs and community volunteers mapped their communities and collected census data. The community maps consist of a drawing of each community that identifies and numbers each household. Following the mapping, a census was conducted for each family in each household. The census contains basic information about each family and specific data on the vaccination coverage of children under 5.

Mapping practical training, Wukup B'atz, Totonicapan

b. Household baseline data collection

In October, network and NGO technical staff were brought together in Quetzaltenango to learn about the baseline and to select four teams of bilingual data collectors from among themselves. These NGO data collectors were then trained to collect baseline data from households using the standardized baseline instrument. A private firm was contracted by the project to conduct this process.

Following the training, the four field teams worked in the field for 3 weeks to collect the data under the close supervision of a professional researcher. Data collection was completed by the end of the month (for a more complete description of the baseline, see the M and E section under Component I, and the annexes).

Training in baseline data collection

Baseline data collection

5. Training

Detailed information on the training of first round networks and NGOs to date in discussed in more detail under Component II: Network and NGO Strengthening, below. In general, however, the training received by grantee networks and NGOs in 2002 included the following:

a. Training of network and NGO technical staff in AEIPI AINMC

In November, following baseline data collection, network and grantee NGO technical staff were brought together for two weeks of technical training in the new national protocols AEIPI (Manejo de Casos) AINMC (Prevencion y Promocion). This training utilized the national materials, which were reproduced in coordination with Calidad en Salud and the MOH. Some modifications were made to the training methodology to ensure sufficient practice during training on the community level, in the hospital, and in health centers. Diplomas were issued by the project and the MOH, and were signed by the project director, the coordinator of UPS1/MOH and the AEIPI AINMC strategy for the primary care level, as well as the national MOH coordinator for IMCI.

AEIPI AINM-C training of first round network and NGO coordinators and supervisors, Centro de Salud, Solola

b. Network and NGO training of FCs

Once the training of technical staff had been completed, network and NGO technical staff in turn trained their FCs, with assistance from project technical staff. This training was three weeks long and took place in November-December in eight different locations around the country.

Grantee network and NGO training of Facilitadores Comunitarios, Wukup B'atz

Objective 2: Strengthen MOH-NGO coordination

Over the past year, Pro Redes Salud has worked to strengthen coordination between NGOs and the MOH through close collaboration with the all levels of the MOH during all phases of the development of the project.

A. Letter of Understanding

On March 5, 2002, Pro Redes negotiated and signed a Letter of Understanding with the MOH. A copy of this letter may be found in the project Semi-Annual Report 2002, Annex G. The letter began with a set of declarations regarding the role of the MOH in Guatemala, the official definition of the health sector, its functions and responsibilities. The second section is a description of the project Pro Redes Salud and its key objectives. This is followed by two sections, each of which outlines the agreed upon actions of each of the parties to the letter. The final two sections of the Letter of

Understanding explain the duration of the project and the way in which issues not covered in the current letter will be resolved. The letter was signed by the Vice Minister of Health and the director of the project Pro Redes Salud. A summary of the agreements made in this letter may be found in Annex F of this report.

B. Joint identification of high risk communities

High risk communities were selected as the focus of the extension of primary care for the first network and NGO funding round based on information gathered from MOH studies and from field visits and conversations held with health area personnel. The final location of NGO projects was determined in coordination with the MOH during the selection process.

C. Joint presentation to Networks and NGOs during the first Convocatoria

During the first Convocatoria, the project was pleased to have a presentation from the Coordinator of UPS1 of the MOH, who discussed the PEC SIAS program and underscored the importance of the Pro Redes project. The Vice Minister had also accepted an invitation to speak, but was unfortunately called away by the Minister to attend other duties at the last minute.

D. Collaboration during the Pre-Selection Workshop

As detailed above, the project received significant support not only from central level UPS1 staff, but also from each of the eight health areas during the pre-selection process. A total of 22 MOH personnel, including two Area Directors, were involved in the selection committees for the first funding round of networks and NGOs.

E. Involvement in field visits during the final selection

The MOH also provided significant support to the project during the field visits to pre-selected NGOs. A total of 26 MOH personnel, including two Area Directors, accompanied project and NGO staff to NGO offices and field locations.

F. Joint final selection and recommendations

The MOH representatives making up the selection committees and field visit teams also participated in determining the final selection of NGOs and networks, the size populations they would serve as well as their specific geographic locations. The recommendations made by these groups determined the terms of the final project agreements.

G. Joint development of the new service delivery model AEC-ONG, presentation to the Areas

UPS1 has been supportive of Pro Redes' pilot implementation of innovations in the current SIAS PEC NGO service delivery model. A document outlining the revised model was developed jointly with UPS1 of the MOH, and presented jointly on July 9th to the health areas for their support. The invitation to this event in Chichicastenango was sent to the areas by the MOH. Areas and districts expressed support for the project, and provided comments and insights which assisted the project to develop the service delivery model more effectively.

H. Joint training of central level, Areas and SIAS PEC NGOs in AIEPI AINMC

Pro Redes Salud also worked closely with the Unidad Ejecutadora of the MOH and Calidad en Salud in the development of a joint budget and methodology for the training of the SIAS PEC NGOs in

AEIPI (Manejo de Casos) and AINMC (Prevencion y Promocion) in the eight highland health areas. To date, the three partners have completed the training of central level trainers, the training of area trainers in each of the eight health areas, and in some areas have also completed the training of NGO staff (MAs and FIs). For a complete discussion of this training, see Component II, below. Joint support for the cascade training of NGO FCs and vigilantes will continue in 2003.

I. Joint development and initiation of OR comparing service delivery models

The project also worked closely with UPS1 and Calidad en Salud in the development of the protocol and methodology to be used in an operations research activity designed to compare two experimental primary care service delivery models, AEC-ONG (Extension de Cobertura por medio de ONGs) and AEC P/S (Extension de Cobertura por medio de Puestos de Salud), with two controls, SIAS PEC NGO (the Proceso de Extension de Cobertura through NGOs currently implemented by the MOH) and the traditional puesto de salud. For a more complete discussion of the OR see the M and E section of Component I, below. This OR activity is ongoing through 2003-2004.

J. MOH, network and NGO coordination on the local level

Coordination between the project, networks and NGOs began on the local district level once the grant agreements had been signed and continued throughout 2002. Coordination was facilitated by the seven project Departmental Coordinators, whose offices are located in each department. Meetings were held with each District director to present the network, NGO and the project and ensure that the project, network and NGO staff were incorporated into the local technical team. Coordination continued through all phases of NGO project implementation including the selection of personnel, community organization, census, baseline data collection, and the training of technical staff and FCs.

Objective 5: Incorporate family planning, IMCI (AEIPI) and AINM-C protocols into service delivery

The purpose of this objective is to incorporate family planning and the new protocols for AEIPI (Manejo de Casos) and AINM-C (Promocion y Prevencion) into network and NGO service delivery.

A. Training of selected NGOs and networks and incorporation of AEIPI AINM-C protocols and family planning into service delivery

In 2002, the project strengthened grantee networks and NGOs in AEIPI AINMC and family planning through to the level of the FCs. This training will form the basis for the service delivery methodology to be implemented in project communities through the AEC-ONG model in 2003 and 2004. In January, networks and NGO will receive training in the revolving drug funds, receive their seed lot pharmaceuticals and begin full service delivery.

MONITORING AND EVALUATION COMPONENT I

A. Development of the final M and E Plan

Pro Redes finalized its Monitoring and Evaluation Plan in the first quarter of this year. A copy of the M and E Plan may be found in the project Semi-Annual Report 2002, Annex H. The Plan outlines the key indicators to be used to measure project progress, as well as the methodologies to be used to measure each project component. Component I will be monitored and evaluated using a technical reporting system, and through the collection and comparison of family-level baseline and end of project data.

B. Development and implementation of the baseline survey

1. *Development of the instrument*

   Over the first half of the year, Pro Redes and grantee networks developed a household baseline instrument that could be used to gather baseline data that would be representative of all NGO and network geographical areas. The instrument went through several drafts and was field tested twice before it was finalized. It was also submitted to JSI for review and approval. The final instrument includes all key indicators that may be collected from the household level as outlined in the M and E plan, as well as some additional KAP indicators related to the implementation of AEIPI AINM-C.

2. *Training and data collection*

   In September Pro Redes selected a private firm to assist with the final coding of the instrument, sampling, training of NGO data collectors, supervision of data collection, data entry and analysis, and the preparation of reports for each NGO, network and the project as a whole. A stratified cluster sampling technique was used to select a final sample of 1,830 interviews. At the request of the NGOs, the sample was selected to ensure that the data would be representative not only of the project as a whole, but also for each network and each individual NGO.

   In late September, a baseline training event was held in Quetzaltenango to allow networks and NGOs to selected interviewers from among technical staff, train selected interviewers in the use of the instrument, and unify data collection. This event was conducted by the private firm with assistance from Pro Redes. Following training, four data collection teams conducted three weeks of household interviews in project areas, supervised by professional researchers to ensure quality of data. Data collection was completed the last week in October. A photo of this training is presented earlier in this report.

Baseline data collection, Patzun, Chimaltenango

Baseline data collection team, El Quiche

3. Data entry and analysis

The private firm began data entry as surveys were completed. Data entry was completed in November, and a data analysis program was developed. Draft tables and lists of indicators were reviewed in early December. In mid-December, the following reports were completed and delivered to the project: 1) A consolidated project baseline, 2) Five network reports, one for each grantee network and its NGOs.

C. Results of the baseline survey

The following pages, present the results of the baseline survey by each indicator outlined in the project M and E Plan. The project Baseline Report is presented in Annex A. Reports have also been produced for each network and its NGOs. In 2004, this survey will be repeated in network and NGO areas to see what changes may have occurred on the household level.

D. Development of the technical reporting system

In mid 2002 Pro Redes realized that the current MOH reporting forms were not consistent with the terminology used in the new AIEPI AIMN-C protocols. This situation was discussed with the MOH/UPS1, and it was agreed that Pro Redes would develop revise the current SIGSA forms used by the SIAS PEC NGOs and submit the revised forms to UPS1 for consideration. The project then began work on a set of revised forms, as a draft information system better adapted to AEIPI AINM-C.

When the concept of a joint OR was considered in the last quarter of 2002, it became even more important that a revised reporting system be agreed upon by all partners as the official reporting forms would also not allow researchers to capture the necessary information on AEIPI AINM-C implementation. This situation was discussed among the OR team in late November, and a subsequent meetings were held with the MOH and Calidad en Salud in which Pro Redes presented its draft revised forms. In December it was decided that Pro Redes, Calidad en Salud and the MOH would continue revision of these forms and use them as the basis of data collection during the OR. These modified forms are currently in draft. As mentioned above, the MOH is interested in testing the revised forms for use on the national level, and is involved in the modification exercise.

Care was taken to ensure that the revised process reporting forms would allow the project to track the M and E indicators agreed upon with the Mission, as well as those indicators most important for comparison of service delivery models in the combined OR with Calidad en Salud. Technical reporting will flow monthly from the NGOs to the networks, and quarterly from the networks to the project.

III. Component Two: Formation and Strengthening of NGO Networks, Project Objectives and Results to Date

Objective 6: Form new NGO Networks, and Objective 7: Encourage the creation of one or more umbrella NGO Networks

This project component offers support to groups of NGOs that want to become legal networks. Over the life of the project, Pro Redes will also seek the opportunity to unify existing NGO networks into one or more umbrella network of networks, if possible and feasible.

A. NGO networks formed during project start-up

As Pro Redes Salud was starting up in late 2001, two groups of NGOs - many of whose members had been previously supported by USAID - completed the formation of formal networks. This was in anticipation of the new USAID project, Pro Redes Salud, whose funding to NGOs would be implemented solely through those NGOs unified in legal networks. The two networks formed at this time were:

1. **La Red Para el Desarrollo Sostenible (REDDES):** Made up of many of the NGOs previously supported by USAID/Project Concern International)
2. **La Federacion de Salud Infantil y Reproductiva de Guatemala (FESIRGUA)**: Made up of many of the NGOs previously supported by USAID/The Population Council)

Both networks presented proposals to the project, and NGOs from both were selected for the implementation of primary care in high risk communities in the first and second funding rounds. Although these networks formed without the direct assistance of Pro Redes, their formation was directly or indirectly a result of the new USAID project design.

B. Lawyer contracted and network formation guidelines developed

Once the project began, other groups of NGOs began approaching Pro Redes for assistance in the formation of networks. The project consulted with a local lawyer – one with experience in the formation of NGO networks – and decided to contract her to: 1) develop a written set of instructions that could be given to NGOs wishing to form a legal network, and 2) assist interested NGOs with the legal work as necessary.

C. New NGO networks formed in 2002

Since the project began, five additional new NGO networks have been formed and are now legally constituted. Four of them were formed with the assistance of the project lawyer, while the third formed in response to Pro Redes Salud using its own resources. These are:

1. Corporacion de Organizaciones de Desarrollo Integral (CONODI)
2. Coordinadora Integral de Asociaciones Marquenses (CIAM)
3. Red de Estudio para el Desarrollo Integral Socioeconomico “Redis Q’Anil”
4. ENDESA
5. CAMINO

A copy of the guidelines and information regarding the formation of CIAM and Redis Q'Anil may be found in the project Semi-Annual Report 2002, Annex I.

D. Encourage the creation of one or more umbrella NGO Networks

At this time most of the project NGO networks are newly formed and are therefore primarily interested in being strengthened as individual networks. Most have for the most part not yet reached the stage in their development where they are ready to join together in a Federation. Nonetheless, the project is working to unify the five first round grantee networks by bringing them together as much as possible, allowing them to interact and develop the Pro Redes project together. For instance, all five networks trained their technical staff together in baseline data collection and worked on teams together to collect data from households in each other's areas. The five networks also trained together in AEIPI AINM-C, and worked together to define the terms of the revolving drug funds. One network (FESIRGUA) has also recently proposed that the five networks join together to set up a regional pharmaceutical warehouse that all can use to supply their revolving funds. If this is accepted by all the networks, and appears to be of benefit to all, it may be the first step in the establishment of a Federation. If the networks are not ready for this step, the project will continue to bring them together frequently over the life of the project and encourage them to work together.

Objective 3: Strengthen networks and NGOs, Objective 4: Promote NGO-NGO training and technical assistance and Objective 5: Incorporate family planning, IMCI (AEIPI) and AINM-C protocols into service delivery

A. Overview

1. *Three groups of networks and NGOs being strengthened*

Pro Redes is strengthening the following three grouping of Networks and NGOs over the life of the project:

1. First round grantee networks (5) and grantee NGO members (9) implementing projects
2. All of the non-grantee NGO members of the five grantee networks that work in health and are interested in receiving strengthening
3. The eight groups of NGOs that have projects currently funded through the SIAS PEC NGO program funded by the MOH in the focus highland departments

This three-pronged approach to Network and NGO strengthening should allow the project to provide strengthening to most of the NGOs currently working in health in each of the highland departments, as many will be reached either because they are currently funded by the MOH or because they are in one of the selected project networks.

2. *Types of strengthening being provided*

Strengthening of these groups is aimed at improving the capacities of the networks and NGOs in the following four areas:

- To provide quality technical care based on the new IMCI (AEIPI or Manejo de Casos) and AINM-C (Prevention and Promotion) protocols as well as family planning, HIV/AIDS, breast and cervical cancer
- To improve their administrative and financial systems to manage their programs more effectively
- To improve program sustainability through revolving drug funds and increased community empowerment (grantees only)
- To improve other areas of weakness identified by the networks and NGOs through the diagnostico process and the development of network strengthening plans

3. Strengthening methodologies

The strengthening methodology being implemented by Pro Redes Salud involves a mixed approach including:

- Direct training of network and NGO staff by the project
- Training of network and NGO trainers who then provide training and TA to member NGOs.
- Training of network and NGO staff by the MOH or other partners such as APROFAM

4. Incorporation of new AEIPI AINM-C protocols into service delivery

Following training, networks and NGOs will incorporate family planning and the new AEIPI AINM-C protocols into service delivery. The degree of incorporation will vary to a large extent depending upon the source of funding of the network and NGO as follows:

- Those networks and NGOs with network grants from Pro Redes for community-based service delivery will be expected to incorporate these new protocols into their projects and will be evaluated accordingly.
- Those NGOs who are strengthened and funded under the SIAS PEC NGO program will also be expected by the MOH to incorporate these new protocols into their service delivery.
- The other NGOs in selected networks who receive strengthening under the project but are not being funded for service delivery either by the project or the MOH will be encouraged to incorporate these into their community level activities, however this will be more difficult to ensure. Networks and NGOs will be asked to commit themselves to implementation, however, before strengthening is provided.

B. Preparation for strengthening in AEIPI AINM-C and Revolving Drug Funds

1. Preparation for technical strengthening of networks and NGOs in community-based IMCI (AIEPI or Manejo de Casos)

a. Training of project staff in clinical IMCI by Project Hope: Once the ten project technical staff were hired, it became clear that although they were familiar with IMCI, none had received training. Given the responsibility of this staff for network and NGO performance, Project Hope was asked to conduct a training of all project technical staff in clinical IMCI. This training took place in Quetzaltenango from May 20 to 25th, and served as first step in the preparation for staff training as trainers in community-based IMCI.

b. Support to the MOH and Calidad en Salud in the development and revision of training and IEC materials: In the first half of 2002, Pro Redes technical staff provided feedback to MOH personnel and Calidad en Salud on suggested modification to the community-based IMCI materials (Manejo de Casos). Feedback was provided during the training of trainers held on the central level and in individual meetings with key staff from Calidad en Salud. Project staff responsible for behavior change/IEC also worked closely with the Interagency IEC Group in the review of supporting IEC materials. From August to November, Pro Redes staff worked with Calidad en Salud and the MOH to train MOH personnel and NGOs in the new protocols. Then, in December, following training of MOH staff, NGOs and FCs, the project met again with Calidad en Salud and the MOH to discuss modifications to the training strategy and materials based on lessons learned.

2. *Preparation for technical strengthening of networks and NGOs in AINM-C*

a. Joint trip to Honduras to learn about AIN and its application: In February, a team of 19 representatives from the MOH, Calidad en Salud, international PVOs and Pro Redes conducted a visit to Honduras to learn about the successful Atencion Integral en Nutricion (AIN) growth monitoring and counseling program. Three of the project's key technical staff went on this visit. The visit concluded with a decision taken on the part of the MOH/Guatemala to adopt the AIN methodology and adapt it to Guatemala.

b. Support to the MOH in the revision of AINM-C training and IEC materials: In the first half of 2002, Pro Redes technical staff also provided feedback to MOH personnel and Calidad en Salud regarding suggested modifications in the community-based AINM-C materials (Prevencion y Promocion). Suggestions were provided during the training of trainers held on the central level and in individual meetings. In addition, project staff responsible for behavior change/IEC worked closely with the Interagency IEC Group in the review of supporting IEC materials. From August to November, Pro Redes staff worked with Calidad en Salud and the MOH to train MOH personnel and NGOs in the new protocols. Then, in December, following training of MOH staff, NGOs and FCs, the project met again with Calidad en Salud and the MOH to discuss modifications to the training strategy and materials based on lessons learned.

3. *Preparation for strengthening in revolving drug funds*

In the second quarter of 2002 the project began negotiations with USAID and Project Hope to develop revolving drug funds within selected networks and grantee NGOs. Several meetings were held with USAID, Project Hope and PROAM, the MOH pharmaceutical supplier for the SIAS PEC NGO program, to determine the way in which the drug funds would function.

Following Mission approval, Pro Redes and Project Hope determined the basic set of medicines that would be purchased and began the purchasing process. It was decided that the drugs that form the basis of the revolving funds in the rural botequines to be managed by the FCs will be limited in number to simplify case management, and will reflect only those drugs outlined in the AEIPI AINM-C protocols. Other drugs may be donated by Project Hope and prescribed by the

EA, but these will not form the basis of the revolving funds or the work of the FCs. In mid-2002, the Mission approved the purchase of six months of seed pharmaceuticals for grantee networks and NGOs.

In the last half of the year Pro Redes met with the networks to discuss the funds. The five networks formed a joint Comision del Fondo Revolvente de Medicinas (FRM) to assist the project in the development of the general terms for fund implementation. JSI then contracted an international consultant with experience in revolving drug funds to visit Guatemala, meet with Comision FRM and assist the project in analyzing the feasibility of the funds and in establishing general guidelines. The consultant met several times with the Comision and PROAM and visited several examples of revolving funds in action on the community level. Following the consultant's visit, in November the project developed a guidelines document and reporting forms (Annex C).
This document and its annexes were given to the NGOs in early December, to assist them in the development of their revolving fund plans.

In December the five networks developed plans describing the way in which their revolving funds would be handled, and presented them to the project before the holidays. These plans are being reviewed and will be approved by Pro Redes before the distribution of seed pharmaceuticals to the networks in January.

The shipment of seed pharmaceuticals arrived in country in late December. Unfortunately, by the time the medicines had arrived, the handling NGOs Project Hope and Knights of Malta were on Christmas break. The medicines are therefore due out of customs in the first part of January, at which point they will be repackaged as necessary and distributed to the networks and NGOs.

C. Strengthening of the 5 grantee Networks and the 9 grantee NGOs in 2002

The tables on the following pages present a detailed summary of the strengthening provided to networks and NGOs with project grants in 2002. Strengthening was provided to these organizations to improve their financial systems, and to improve their technical capacities. In brief, the training consisted of the following:

1. *Financial-Administrative Strengthening*
   A total of 3 trainers from the project trained 15 network and NGO staff in the project financial system in 2002:

   a. Training in Project Financial-Administrative procedures: In early 2002, Pro Redes completed the development of a project Financial-Administrative Manual. A copy of this manual may be found in the project Semi-Annual Report, 2002, Annex J. On June 13, Pro Redes conducted a training of all financial-administrative personnel from the 5 selected Networks and 9 grantee NGOs, using the manual as the basis for the training. This training was in preparation for the first disbursal of funds to grantee networks. At total of 17 persons attended this training session.

Table 7: Summary of financial-administrative strengthening provided to grantee networks and grantee NGOs in 2002

Events	Dates and locations	Duration	Trainers	Persons trained by type of institution		Total no. trained
				Networks	Subgrant NGOs	
1. Training in the Project financial system	June 13 Guatemala City	1 day	3 Project staff	7	10	17
TOTAL			**3**	**7**	**10**	**17**

2. Technical Strengthening

The service delivery model to be implemented by Pro Redes Salud calls for solid preparation of Facilitadores Comunitarios and Enfermeras Ambulatorias in community-based IMCI (AEIPI) and AINM-C. Given the increased responsibilities of the FC in the AEC-ONG model, project technical staff felt that the methodology used for the strengthening of the SIAS PEC NGOs would not be adequate for project purposes. Staff felt that the subject matter needed to be better integrated, and that there must be more time for practice. Pro Redes therefore modified trainer's guide and then conducted its own cascade training of technical staff and FCs from grantee networks and NGOs.

In all, a total of 45 trainers from the project, GETSA, networks and NGOs trained 174 network and NGO technical staff and FCs in technical areas in 2002:

a. Training in the project baseline survey and data collection

In October, 2002 the project contracted a firm, GETSA, to assist in the training of network and NGO technical staff in the collection of baseline data. This training was conducted in Quetzaltenango over a two-day period. 30 people were trained.

b. Training of network and NGO technical staff in AEIPI AINM-C: The training of network and NGO technical staff in AEIPI AINM-C took place in Panajachel from 4-15 of November – over a two week period. A total of 35 network and NGO staff were trained as trainers in this workshop.

c. Network and NGO training of FCs in AEIPI AINM-C: Network and NGO trained staff then conducted the simultaneous training of their FCs in eight sites across the country. The training was three weeks in duration. A total of 112 FCs were trained during these workshops. Both the training of network and NGO technical staff, and the training of FCs included days of practice on the community level, in Centros de Salud and in area hospitals.

Baseline training, first round networks and NGOs, Quetzaltenango

Training of first round network and NGO staff in AEIPI AINM-C, Centro de Salud, Solola

Grantee network and NGO training of Facilitadores Comunitarios in AEIPI AINM-C, El Quiche, Salud Sin Limites/CONODI

AEIPI AINM-C training of Facilitadores Comunitarios, Wukup B'atz, Totonicapan

Table 8: Summary of technical strengthening to grantee networks and grantee NGOs in 2002

Events	Dates and locations	Duration	Trainers	Persons trained by type of institution		Total no. trained	Pre and Post-test scores
				Networks	Grantee NGOs		
1. Training in the project baseline survey	October 2-4 Quetzal-tenango	2 days	3 trainers GETSA	0	30	30	NA
2. Training of network and NGO technical staff	November 4-15 Panajachel	10 days	9 Project staff	3	32	35	Pre= 55 Post = 85
3. FUN-RURAL training of FCs	Nov. 25-Dec. 13 Quetzal-tenango	15 days	4 network, NGO staff	0	17	17	Pre=61 Post=75
4. ADASP training of FCs	Nov. 25-Dec. 13 San Marcos	15 days	4 network, NGO staff	0	23	23	Pre= 49 Post = 82
5. Wukup B'atz training of FCs	Nov. 25-Dec. 13 Totonicapan	15 days	3 network, NGO staff	0	14	14	Pre= 70 Post =90
6. Salud sin Limites training of FCs	Nov. 25-Dec. 13 El Quiche	15 days	4 network, NGO staff	0	13	13	Pre=61 Post=91
7. Eb Yajaw training of FCs	Nov. 25-Dec. 13 Huehue-tenango	15 days	4 network, NGO staff	0	15	15	Pre=60 Post=80
8. Prodesca training of FCs	Nov. 25-Dec. 13 San Lucas Toliman	15 days	4 network, NGO staff	0	10	10	Pre= 80 Post= 82
9. Renaci-miento training of FCs	Nov. 25-Dec. 13 Patzun	15 days	4 network, NGO staff	0	10	10	Pre=43 Post=81
10. Kajih Jel and Chuwi	Nov. 25-Dec. 13	15 days	6 network,	0	10	10	Pre=69

Tinamit training of FCs	Chimal-tenango		NGO staff				Post=87
TOTAL			**45**	**3**	**173**	**177**	

D. Strengthening of interested non-grantee NGO members of the five networks

1. Networks and potential non-grantee NGO members to be strengthened

Table 9: Networks and total NGO members to be offered strengthening (* are the 9 NGOs with grants, the rest are the non-grantee NGOs)

Network	Member NGOs	TOTALS
CONODI	**Salud sin Limites***	
	AINCOS	
	AMUPEDI	
	AMDI	
	ACMPASA	
	Wajxaqib B'atz	
	CORSADEC	
	CMM	
	ADIMC	
	ADIM	
	Covesp R.L. .	
	AHUEDI	
	ASOHUEHUE	
	Total	**13**
FESIRGUA	**PIES de Occidente**	
	Rixin Tinamit	
	IDEI	
	Belejeb B'atz	
	SHARE	
	Coop. El Recuerdo	
	ASECSA	
	Renacimiento*	
	Aq' bal Prodesca*	
	CDRO	
	Total	**10**
Wukup B'atz	**ELA**	
	CONCERTEP	
	Wukup B'atz*	
	Total	**3**
FUNRURAL	**FUNRURAL***	
	ACOGUA	
	ADASP*	

	COUSXA	
	FEDECOVERA	
	CODEPA	
	CAFESANO	
	Coop. San Predrana	
	AGROSALUD	
	Coop. Agri. Esquipulas	
	GUATESALUD	
	Coop. Santa Catarina	
	Coop. La Florida	
	Coop. Into. Hoja Blanca	
	Total	**14**
REDDES	**ATI**	
	APROSAMI	
	IMDI	
	ASOCVINU	
	Eb Yajaw*	
	Acuala	
	GENESIS	
	Kajih Jel*	
	Chuwi Tinamit*	
	Yun Qax	
	ADECO	
	ADIVES	
	TIMACH	
	ADAD	
	ASODESI	
	SEPRODIC	
	Total	**16**
	TOTAL	**56 (47 non-grantee NGOs)**

2. Methodology: Diagnostico Situacional, Strengthening Plans and Support

a. The Diagnostico Situacional and Strengthening Plans

Experience with NGO networks has shown that the first step in strengthening is to assist the network and its member NGOs analyze their strengths and weaknesses as individual organizations and as a group. While most networks have a general knowledge of NGO members and the kind of work they do, a network rarely knows its strengths and weaknesses as a group in detail. If it is to develop an action plan for the strengthening of its membership, it is clear that the network first needs to know how it is doing.

1. **Diagnostico Situacional instrument:** For this reason, in the first half of 2002 Pro Redes developed of an instrument that networks could use as tool for the implementation of their Diagnostico Situacional. A copy of this instrument may be found in the project Semi-Annual Report 2002, Annex K. The instrument is comprised of 6 modules as follows:

    1. Integrated Child Health
    2. Integrated Reproductive Health
    3. STIs and HIV/AIDS
    4. Cancer
    5. Community Participation and IEC
    6. Sustainability

2. **Network orientation:** The second step in the strengthening process was to orient selected networks to the use of the instrument, so that they could collect data within their membership. Orientation of all five networks was completed by August.

3. **Development of data entry and analysis programs**: In September and October, Pro Redes developed data entry and data analysis programs for the production of reports.

4. **Networks and NGO data collection:** During the same months, the 5 networks and interested member NGOs filled out the Diagnostico instrument, one for each NGO. These were delivered to the project in October, for data entry and analysis. A total of 48 NGOs (out of the 55) from the five networks filled out the Diagnosticos. The distribution of these NGOs by network was as follows:

    - **CONODI:** 13 NGOs
    - **FESIRGUA:** 9 NGOs
    - **Wukup B'atz:** 3 NGOs
    - **FUNRURAL:** 7 NGOs
    - **REDDES:** 16 NGOs

    Total **48 NGOs**

5. **Production of Reports:** In October-November, network data was entered into the first program by a data entry person contracted by Pro Redes. In November-December, this data was analyzed and, by mid-December, reports were produced. There are a total of 6 reports: a consolidated report for the project as a whole covering the first funding round of networks and NGOs, and five others - one for each network (see overall project report in Annex A).

6. **Results of the Diagnosticos:** The Diagnostico is presented in Annex D, and summarized, below, in the section on monitoring and evaluation of Component II.

7. **Network workshops to analyze Diagnostico information and develop Strengthening Plans**

To date one network (FESIRGUA) and its NGO members have met to analyze their Diagnosticon information and to develop a Strengthening Plan. The four remaining networks will conduct this process in early 2003.

8. Strengthening provided in 2002

The following tables present the strengthening provided to networks and non-grantee NGOs in 2002. Strengthening was provided to these organizations to improve their financial systems, and to improve their technical capacities. Training consisted of the following:

3. Technical strengthening of grantee networks and interested non-grantee NGO members in AEIPI (Manejo de Casos) AINM-C (Prevencion y Promocion) and family planning

In 2002 the project began technical strengthening in AEIPI AINM-C and family planning in spite of the fact that the Diagnosticos had not yet been completed,. This was because the AEIPI AINM-C protocols were brand new and therefore no one in any network or NGO had yet been trained using these materials. Some networks and NGOs were familiar with MINEC, an earlier adaptation of IMCI to the community level, and some had been trained in clinical IMCI, but all were at zero when it came to AIEPI AINM-C, the new protocols, new IEC counseling materials and methodologies. In addition to the training of grantee networks and NGOs, listed above, a total of 89 *additional* network staff and *non-grantee* NGO staff were trained in these protocols in 2002, as follows:

a. Formation of a team of network trainers in AEIPI (Manejo de Casos) AINM-C (Prevencion de Promocion) and family planning in each of the 5 grantee networks

In October, 2002, Pro Redes Salud conducted a training in Coatepeque that was designed to develop a training team in AEIPI AINM-C and family planning within each of the five grantee networks. These teams were made up of network and NGO personnel not previously trained during the training of grantees. These teams are responsible for the training of trainers in AEIPI AINM-C within each of the *non-grantee* NGOs in their networks, to be funded as well by Pro Redes. All participants were given the full set of AEIPI training and IEC materials including watches and pediatric hanging scales. 20 persons were trained in this workshop.

b. Network replica training of non-grantee NGO trainers in AEIPI AINM-C and family planning

Following this strengthening, three of the five networks implemented a replica of the training among a total of 22 non-grantee NGOs, distributed as follows:

- **FESIRGUA:** **18 NGO technical personnel from the network and 7 non-grantee NGOs:** IDEI, Coop. El Recuerdo, CDRO, Pies de Occidente, Belejeb B'atz, ASECSA, Rixiin Tinamit

- **REDDES:** **11 NGO technical personnel from 8 non-grantee NGOs:** ACUALA, ADECO, ADIVES, APROSAMI, ATI, GENESIS, IMDI, YUN QAX

AEIPI AINM-C training of network training teams in 5 networks, Coatepeque

- **CONODI:** **33 NGO technical personnel from 7 non-grantee NGOs:** CORSADEC, ADIM, CMM, AMDI, ACMPASA, AMUPEDI, AHUEDI

The two remaining two networks, FUNRURAL and Wukup B'atz, have yet to replicate the AEIPI AINM-C and family planning training among non-grantee NGOs. These replicas are expected to take place in 2003.

c. NGO training of community health workers (FCs and others) within non-grantee NGOs

In 2003 networks and non-grantee NGOs will go on to complete the training cascade, training an estimated 200 community health workers (FCs and others) in their areas.

Network replica of AEIPI AINM-C training among non-grantee NGOs

Network replica of AEIPI AINM-C training among non-grantee NGOs

Table 10: Summary of technical strengthening to 3 networks and 22 non-grantee NGOs in 2002

Events	Dates and locations	Duration	Trainers	Persons trained by type of institution		Total no. trained	Pre and Post-test scores
				Net-works	Non-grantee NGOs		
1. Formation of a group of network trainers in each of 5 networks in AEIPI AINM-C and FP	October 14-25 Coate-peque	10 days	9 Project staff	7	13	20	Pre=41 Post=86
2. FESIRGUA replica training of non-grantee NGO technical staff in AEIPI AINM-C and FP	Nov. 4-6 Tecpan	3 days	4 network trainers	3	15	18	Pre=43 Post=83
3. REDDES replica training of non-grantee NGO technical staff in AEIPI AINM-C and FP	November 25-29 Guatemala City	5 days	3 network trainers	0	11	11	Pre= 22 Post = 77
4. CONODI replica training of non-grantee NGO technical staff in AEIPI AINM-C and FP	December 2-5 Quetzal-tenango	4 days	3 network trainers	0	33	33	Pre=59 Post=82
TOTAL			**19**	**10**	**72**	**82**	

4. Financial-Administrative strengthening of grantee Networks and NGO members
A total of 45 network and NGO staff (grantees and non-grantees) were trained in administrative-financial areas in 2002, as follows:

a. Training in the new tax laws: Pro Redes supported the participation of financial and administrative personnel from grantee network in a seminar given on June 21 by Arevalo, Perez, Iralda y Asociados, S.C. (PKF International) to update NGO knowledge of the new tax laws relating to NGOs. Each network is responsible for disseminating the information received in this training among NGO members. A total of 6 persons from the networks and NGOs attended this workshop.

b. Training in the application of NGO international accounting norms: On October 25, the project supported the participation of network personnel in a seminar given by Alfonso Orosco y Asociados to update NGO knowledge of the application of international accounting norms. Each network is responsible for disseminating the information received in this training among NGO members. A total of 7 persons from the networks and NGOs attended this workshop.

c. Auto-diagnosis of the Administration of the NGOs: From October 27-29, Pro Redes supported the participation of network personnel in a seminar given by the Landivar University to assist NGOs to analyze their administrative systems. A total of 14 persons attended this strengthening.

d. FESIRGUA Network workshop to analyze the results of the Network Diagnostico and develop a Strengthening Plan: From November 7-8, the project assisted one of the five networks – FESIRGUA – in a two-day meeting to analyze the results of the network Diagnostico and develop a Strengthening Plan. A total of 18 persons from the network and member NGOs attended this workshop.

Table 11: Summary of financial-administrative strengthening provided to 5 networks and non-grantee NGOs 2002

Events	Dates and locations	Duration	Trainers	Persons trained by type of institution		Total no. trained
				Networks	Non-grantee NGOs	
1. Training in the new tax laws	June 21 Guatemala City	1 day	Arevalo and Perez Associates	5	1	6
2. Training in international accounting norms for NGOs	October 25 Guatemala City	1 day	Alfonso Orsoco y Asoc.	6	1	7
3. Auto-diagnosis of NGO Administration	October 27-29 Guatemala City	3 days	Landivar University	5	9	14
4. FESIRGUA Diagnostico workshop + Strengthening Plan	November 7-8 Tecpan	2 days	FESIRGUA	2	16	18
TOTAL				**18**	**27**	**45**

E. Strengthening of the 8 groups of SIAS PEC NGOs in the 8 Areas

Project strengthening of health NGOs was not limited in 2002 to the training of grantee networks and member NGOs. Pro Redes also worked closely with the Ministry of Health and its sister project, Calidad en Salud, in the cascade strengthening training of the MOH and the SIAS PEC NGOs in AEIPI and AINM-C. The steps in the cascade, partner responsibilities, and training conducted in 2002 are as follows:

1. *Steps in the cascade training*

The steps in the cascade methodology used in this training are as follows:

Step one:	Central level TOT
Step two:	Training of trainers in each of the eight highland health areas
Step three:	Area training of NGO technical personnel (MA, FI)
Step four:	NGO training of FCs in AEIPI (Manejo de casos)
Step five:	NGO training of FCs and vigilantes in AINM-C (prevencion y promocion)

The first two steps of the cascade were completed by partners in 2002. The cascade process will continue with step three and the training of NGO and community personnel in 2003.

2. *Partner responsibilities in each step of the cascade*

The following table illustrates the types of support provided by each partner in the cascade process in 2002, and the support planned for 2003.

Table 12: Partner responsibilities during the AEIPI AINM-C training cascade, 2002-2003

Step and training	**Pro Redes**	**Calidad en Salud**	**Unidad Ejecutadora/MOH**
1. Central level TOT	Cost of the training + watches	IEC and training materials + trainers	Scales
2. Area level TOTs	Cost and coordination of all 8 area trainings + watches + trainers	IEC and training materials + trainers	Scales
3. Training of MAs, FIs by Area teams	Watches	IEC and training materials	Cost of 8 area trainings + scales
4. Training of FCs by NGOs (AEIPI)	Watches	IEC and training materials	Cost of 8 area trainings + scales
5. Training of FCs, vigilantes by NGOs (AINM-C)	42% cost of training + 20% cost of IEC and training materials	16% cost of training + 80% cost of IEC and training materials	41% cost of training + scales
Other support: IEC materials for Centros Comunitarios and Supervision materials	100% family planning, 35% child health and 50% supervision materials	100% AINM-C, 65% child health, 100% monitoring materials and facilitators guides, 50% supervision materials	

3. Training provided in community-based IMCI (AEIPI or Manejo de Casos)
A total of 210 central and area level staff were trained in AEIPI (Manejo de Casos) in 2002, as follows:

a. Step one: Central level training of project staff, PVO staff and personnel from the MOH as trainers of trainers in AEIPI (Manejo de Casos): In the week following the training by Project Hope, from May 27-31, Calidad en Salud, Pro Redes and the MOH joined together to conduct a training of trainers on the central level. These trainers were in turn responsible for the second step in the cascade: the training of Area trainers in AEIPI (Manejo de Casos) in each of the 8 health areas in the highland departments. The workshop was held in Guatemala City and lasted 5 days. A total of 57 central level trainers were trained.

b. Step two: Training of Area level trainers in AEIPI (Manejo de Casos): In the period from September 30 to October 18, each of the eight health areas received a training of area trainers. These trainers are in turn responsible for the training of NGO technical staff. The workshops took place in each of the eight health areas. They were coordinated and funded by Pro Redes, and facilitated by a combination of trainers including project technical staff, Calidad en Salud technical staff, MOH central level staff, and technical staff from some of the international PVOs. A total of 143 area trainers were trained during these workshops.

Area TOT in AEIPI AINM-C

c. Step three: Training of SIAS NGO technical staff MAs and FIs in AEIPI: Most health areas have completed this step. Pro Redes provided timers for all participants. Some data is still pending from the MOH.

d. Steps four and five: Training of NGO FCs in AEIPI (Manejo de Casos): This next step in the cascade is programmed for 2003.

Table 13: Summary of AEIPI (Manejo de Casos) strengthening of SIAS PEC NGOs in 8 health areas, 2002

Step one: Central Level TOT

Events	Dates and locations	Trainers	Persons trained by type of institution		Total	Project support
			PVOs	MOH		
1. Central level TOT	May 27-31 Guatemala City	13	40	17	57	Coordination and cost of the event + watches + trainers

Step two: Area TOTs

Events	Dates and locations	Duration	Trainers	Persons Trained	Pre and post test scores	Project support
				MOH		
1. Chimaltenango Area TOT in AEIPI (Manejo de Casos)	October 7-8 Chimal-tenango	2 days	1 Pro Redes staff + 3 others	19	Pre=78 Post=88	Coordination and cost of the event + watches + trainer
2. San Marcos Area TOT in AEIPI (Manejo de Casos)	Sept. 30 – Oct. 4 San Marcos	5 days	1 Pro Redes staff + 4 others	26	Pre=79 Post=98	Coordination and cost of the event + watches + trainer
3. Totonicapan Area TOT in AEIPI (Manejo de Casos)	Oct. 7-11 Quetzal-tenango	5 days	1 Pro Redes staff + 3 others	22	Pre=78 Post=93	Coordination and cost of the event + watches + trainer
4. Huehue-tenango Area TOT in AEIPI (Manejo de Casos)	Oct. 7-11 Huehue-tenango	5 days	1 Pro Redes staff + 2 others	25	Pre=68 Post=89	Coordination and cost of the event + watches + trainer

5. El Quiche Area TOT in AEIPI (Manejo de Casos)	Sept. 30 – Oct. 4 El Quiche	5 days	1 Pro Redes staff + 5 others	20	Pre=76 Post=87	Coordination and cost of the event + watches + trainer
6. Solola Area TOT in AEIPI (Manejo de Casos)	October 7-11 Panajachel	5 days	1 Pro Redes staff + 3 others	12	Pre=48 Post=84	Coordination and cost of the event + watches + trainer
7. Quetzal-tenango Area TOT in AEIPI (Manejo de Casos)	October 14-18 Quetzal-tenango	5 days	1 Pro Redes staff + 4 others	19	Pre=62 Post= pending	Coordination and cost of the event + watches + trainer
TOTAL			**31**	**143**		

*** Note:** Ixil did not train trainers in AEIPI (Manejo de Casos) in 2002

Step three: Area training of SIAS PEC NGO (MAs and FIs) in AEIPI (Manejo de Casos)

Events	**Dates and locations**	**Duration**	**No. ONGs**	**Trainers**	**Persons Trained**	**Project support**
					NGOs	
1. Totonicapan Area	Nov. 11 Totonicapan	1 day	pend	pend	32	Timers only
2. Chimaltenango Area	Dec. 5-6 Chimaltenang o	2 days	pending	pending	20	Timers only
3. Huehuetenango Area	Nov. 4-8	5 days	pending	pending	pending	Timers only
4. San Marcos Area	Completed in 4 out of 5 districts	pending	pending	pending	pending	Timers only
5. El Quiche Area	Completed – data pending	pending	pending	pending	pending	Timers only
6. Ixil Area	Completed – data pending	pending	pending	pending	pending	Timers only
7. Solola Area	To be held in February	pending	pending	pending	27	Timers only
8. Quetzaltenango Area	Dec. 18-21	4 days	pending	pending	24	Timers only
TOTAL	pending	pending	pending	pending	pending	

4. *Training provided in AINM-C (Promocion y Prevencion)*
   A total of 250 central and area level staff were trained in AINM-C (Promotion and Prevention) with project support in 2002, as follows:

a. **Step one: Central level training of project staff, PVO staff and personnel from the MOH as trainers of trainers in AINM-C (Promotion and Prevention):** From June 3-7, Calidad en Salud, Pro Redes and the MOH joined together to conduct a training of trainers in AINM-C on the central level. These trainers were in turn responsible for the second step in the cascade: the training of Area trainers in AINM-C (Promotion and Prevention) in each of the 8 health areas in the highland departments. The workshop was held in Guatemala City and lasted 5 days. A total of 51 central level trainers were trained in AINM-C during this workshop.

b. **Step two: Training of Area level trainers in AINM-C (Promotion and Prevention):** In the period from October 7 to November 8, each of the eight health areas received a training of area trainers in AINM-C (Promotion and Prevention). These trainers are in turn responsible for the training of NGO technical staff. The workshops took place in each of the eight health areas. They were coordinated and funded by Pro Redes, and facilitated by a combination of trainers including project technical staff, Calidad en Salud technical staff, MOH central level staff, and technical staff from some of the international PVOs. A total of 199 area trainers were trained in AINM-C during these workshops.

Area TOT AEIPI AINM-C

c. **Step three: Area training of NGO MAs and FIs in AINM-C (Promotion and Prevention):** This step has been completed in most Areas. As Pro Redes provided no

material or training support to this activity, it is not included below in the training summary.

d. Steps four and five: Training of NGO FCs and vigilantes in AINM-C (Promotion and Prevention): None of the eight areas has conducted this step in the training to date. These next steps in the cascade are programmed for 2003. Pro Redes will assist in the training of vigilantes, and with IEC materials.

Table 14: Summary of AINM-C (Promotion and Prevention) strengthening of SIAS PEC NGOs in 8 health areas, 2002:

Step one: Central Level TOT

Events	Dates and locations	Trainers	Participants by type of institution		Total	Project support
			PVOs	MOH		
1. Central level TOT	June 3-7 Guatemala City	9	41	10	51	Total cost and logistics of the event

Step two: Area TOTs

Events	Dates and locations	Duration	Trainers	Persons Trained	Pre and post test scores	Project support
				MOH		
1. Chimal-tenango Area TOT in AINM-C	October 28-31 Tecpan	4 days	1 Pro Redes staff + 5 others	22	Pre=81 Post=90	Coordination and cost of the event + trainer
2. San Marcos Area TOT in AINM-C	October 7-11 San Marcos	5 days	1 Pro Redes staff + 4 others	26	Pre=83 Post=98	Coordination and cost of the event + trainer
3. Totonicapan Area TOT in AINM-C	Oct. 21-25 Quetzal-tenango	5 days	1 Pro Redes staff + 2 others	30	Pre=76 Post=90	Coordination and cost of the event + trainer
4. Huehue-tenango Area TOT in AINM-C	Oct. 14-18 Huehue-tenango	5 days	1 Pro Redes staff + 1 other	31	Pre=63 Post=84	Coordination and cost of the event + trainer
5. El Quiche Area TOT in AINM-C	Oct. 7-11 El Quiche	5 days	1 Pro Redes staff + 6 others	28	Pre=69 Post=80	Coordination and cost of the event + trainer
6. Solola Area TOT in AINM-C	Nov. 4-8 Panajachel	5 days	1 Pro Redes	19	Pre=63 Post=80	Coordination and cost of the

			staff + 3 others			event + trainer
7. Quetzal-tenango Area TOT in AINM-C	October 21-25 Quetzal-tenango	5 days	1 Pro Redes staff + 2 others	19	Pre= 19 Post = pend	Coordination and cost of the event + trainer
8. Ixil Area TOT in AINM-C	Nov. 18-22 Ixil	5 days	1 Pro Redes staff + 3 others	24	Pre=74 Post=82	Coordination and cost of the event + trainer
TOTAL			**34**	**199**		

5. Other support to be provided by Pro Redes Salud in the AEIPI (Manejo de Casos) and AINM-C (Promotion and Prevention) cascade:

Once the training cascade has been completed in 2003, the project will also be responsible for the following:

a. The full cost of the specified number (117,000) of family planning materials for clients
b. 35% of the cost of the specified number (150,000) of child health materials for clients
c. 50% of the cost of the specified number (214 sets) of supervisory materials

6. Other support provided in 2002 to the MOH for the strengthening of the SIAS PEC NGO program

a. Support to UPS1/MOH in the strengthening of the HACyA process in 5 areas: In 2002, Pro Redes also assisted UPS1 of the MOH in visits to 5 health areas to strengthen the HACYA process (the process used by the MOH to select and accredit Ngos) used in the SIAS PEC NGO program. The workshop included presentations by UPS1 on the process itself, processing and analysis of primary care level data, the training process in the SIAS PEC program, administration and finances, follow-up and the institutionalization of the PEC process. The table below summarizes the number of sessions supported by area and the number of MOH area and district-level participants in each one.

Table 15: Strengthening of the SIAS PEC HACyA process in 5 health areas

Events	**Dates and locations**	**Trainers**	**Total MOH**
1. San Marcos area strengthening	July 2-3 Quetzaltenango	5 UPS1	5
2. Huehuetenango area strengthening	June 20-21 Huehuetenango	4 UPS1	75
3. Solola area strengthening	June 19 Panajachel	4 UPS1	54
4. El Quiche area	July 2	6 UPS1	26

strengthening	El Quiche		
5. Chimaltenango area strengthening	June 24 Chimaltenango	4 UPS 1	36
TOTAL			**196**

Objective 2: Strengthen MOH-NGO coordination, and Objective 8: Design and implement an MOH-NGO collaboration model

This component is working to improve collaboration among area health offices, NGOs and other partners working in each area through the strengthening of Consejos de Salud or groups of NGOs on the local level.

A. Preparation

1. *Definition of the Consejos de Salud*

   The project began by collecting information on the national level that supported and described the concept of the Consejo de Salud. The technical and legal basis for the Consejos is established in the National Health Plan 2000-2004. Strategy no. 1 of the plan relates to decentralization, Politica 10 calls for intra- and inter-sectoral coordination, and Politica 11 outlines the organization of local coordination bodies - Consejos de Salud - to coordinate external support to the health sector. These bodies are the responsibility of the health area directors. They are to be made up of the area technical director and staff, representatives of other governmental organizations, NGOs and communities, the municipalities, private institutions, and decentralized, autonomous or semi-autonomous public institutions. The purpose of the Consejos is to:

   - Coordinate the prevention, promotion and provision of health care in each area
   - Ensure community participation
   - Unify all service provision under the national health norms
   - Coordinate, plan and evaluate progress jointly
   - Optimize resources

   The Consejos are made up of a Board of Directors consisting of 5-7 members, and a General Assembly.

2. *Plan for Strengthening the Consejos de Salud*

   The Project then developed a general outline for support to each Consejo, depending upon its current status.

   Phase I: This phase of support involves assistance in the formation and organization of the Consejo where one does not already exist. The project envisions this first phase of support to include:

   - Meetings with the area director and key actors in the area
   - An inventory of institutions that includes their geographical coverage and technical activities

- An area health situation analysis
- Socialization meetings with all possible members called by the area director and supported by the project to:
    - Motivate the participants to form a Consejo de Salud
    - Inform about the health situation and current coverages

Phase II: Once the group has decided to form a Consejo, the project would move into phase II support and assist the group to:

- Form the Board of Directors
- Develop internal regulations
- Develop a first Action Plan
- Develop Letters of Understanding between partners

Phase III: Once the plans are developed, each Consejo would then be assisted to begin implementation. While the project lacks funds to support all activities planned by each Consejo, Pro Redes will support regular Consejo meetings in all areas, and assist in implementation where possible.

B. Strengthening of the Consejos de Salud and other area level groups of NGOs to date

Table 16: Consejo de Salud situation analysis and phase of support by health Area

Health Area	Phase I	Phase II	Phase II
Quetzaltenango	Completed*	Completed*	Ongoing support+
San Marcos	Completed*	Completed*	Ongoing support+
Huehuetenango	Support to Area and NGOs+		
Totonicapan	Completed*	Support to NGOs and the Area+	
El Quiche and Ixil	Support to the Area and NGOs+		
Solola	Completed+	Support to NGOs and the Area+	
Chimaltenango	Support to the Area and NGOs+		

* Before project began
+ With project support

Quetzaltenango:
The Consejo de Salud in this department has been in existence for many years and is one of the strongest in the country. It is made up of approximately 25 institutions including NGOs, governmental organizations and donor agencies. Leadership is provided by the MOH Area director. The project Departmental Coordinator participated actively in Consejo meetings in 2002, one of which was funded by Pro Redes. The project was instrumental in incorporating FUNRURAL into the Consejo, and made ongoing presentations to the group to keep it informed about the project. Pro

Redes has also become an active member of the Commission Materno Infantil of the Consejo de Salud.

In 2002, Pro Redes also became an active member of the Comite de Cooperacion Externa in the Area, which met 6 times in 2002. The project has assisted in the development of Comite guidelines and in the development of a plan of action. Six donor agencies are represented in this group.

Pro Redes also supported a strengthening workshop in the Area designed to integrate the Comite de Cooperacion Externa into the Consejo de Salud. The goal of the workshop was to familiarize organizations with each other's work in order to optimize resources and improve coordination in the future. In December, the Consejo and its Board of Directors conducted an internal evaluation. The result of this evaluation was the formation of a Comission to ensure that Consejo activities are realistic and timely in 2003.

San Marcos:
The Consejo de Salud in this department has been in existence since 1997. It meets monthly and discusses local health problems and coordinates support to solve the problems detected. It is comprised of NGOs and government organizations in support of the health Area. Participation is very active – 90% of those invited attend regularly. The Departmental Coordinator has become an active member and participates in all monthly meetings, one of which was funded in 2002 by Pro Redes. The project was also instrumental in incorporating the NGO ADASP into the Consejo, and made ongoing presentations to the group to keep it informed about the project.

In 2002, Pro Redes also assisted the Consejo to form a Comite de Coordinacion de la Cooperacion Externa within the Consejo and was named Sub-secretary of this new body. The Comite has met monthly and developed an action plan and baseline on partner institutions. Pro Redes is also member of the Comision de Redaccion y Estilo of the Comite.

Pro Redes was also instrumental in the formation of the Consejo Municipal de Salud de Concepcion Tutuapa and worked closely with the district to develop a 2003 action plan. The NGO ADASP is also an active member of this new local Consejo de Salud.

Huehuetenango:
The health Area in this department has shown little interest to date in the formation of a Consejo de Salud. NGOs are generally only called together by the Area when there is a specific need, such as an immunization campaign or emergency. For instance, the project supported a meeting requested by the Area to discuss the Dengue emergency with NGOs and improve coordination. The meeting included discussions about the formation of municipal Consejos de Salud, but the Area did not provide follow-up.

For this reason, the Departmental Coordinator began work in 2002 within the monthly meeting of the PEC SIAS NGOs, held by the departmental PEC Coordinator. Support to this group included the development of a standard NGO technical reporting format, and the presentation of vaccination coverages by municipality, designed to improve monitoring of health status in NGO areas.

Pro Redes also continued to support NGOs in the formation of a departmental network. In 2002, there were 10 NGOs in Huehuetenango working in health that wanted to organize and form a departmental network. By the end of 2002, the project had met with these NGOs, offered to provide legal assistance in the formation of the network, and had put them in contact with the project lawyer.

Totonicapán:
The Consejo de Salud in this department has been in existence for about 8 years. It has an internal policy and around 16 member organizations. During its lifetime, however, membership and interest in the Consejo has been variable. Participation has been irregular and there is a lack of continuity in discussions and topics. The major topics of the Consejo in 2002 centered around improving specific issues such as immunization coverage, coordination of district activities and coordination of National Health Week. MINGUA and Derechos Humanos provided a 6 month course to Consejo members on human rights, with a presentation each month during Consejo meetings. The project Departmental Coordinator became an active member of the group in 2002, providing financial support to two of the meetings, and has been actively promoting a committee to strengthen the Consejo. To this end, the project has met with key persons in the department – Area and NGOs, municipalities, SEGEPLAN, and has met with Area to review the Consejo guidelines. The new Committee has met 3 times to date and has been reviewing the statutes of the Consejo. The purpose of the Committee is to assist the Consejo to take on a broader role as a team in the prompt detection and resolution of health problems in the Area.

El Quiche and Ixil:
When the project began there was as yet no Consejo de Salud in El Quiche. In early 2002, the project Departmental Coordinator met with the El Quiche Area director and key staff, and approximately 14 other organizations to present the project, and identify the principal organizations and NGOs working in El Quiche in health. The project has identified 60 NGOs that work in the Area to date. There has been little coordination among them, instead each works according to its own interests. In 2002, the project assisted the Area to meet twice with interested NGOs to structure a Consejo. In 2003, Pro Redes hopes to continue this support and finish the year with an Area Consejo de Salud structured and functioning in El Quiche. In Ixil, the project will work to strengthen the existing Mesa de Salud.

Pro Redes also became a member of the Comite de Cooperacion Externa in El Quiche, and has met with that group to discuss priorities in health, present the concept of a Consejo, and assist in the development of a strategic plan and nutrition plan. Around 18 institutions attend the meetings of the Comite.

Chimaltenango:
This department does not yet have a Consejo de Salud. In February of this year, the project met with the Consejo Departamental de Desarrollo Urbano y Rural (CODEDUR), which meets with local municipal government and other institutions to coordinate activities. The project also met with leaders of the Coordinadora de NGOs in Chimaltenango to determine the level of interest in the formation of a Consejo Departamental. There appears to be interest in holding a meeting about the formation of the Consejo, though this meeting has not yet taken place. In December, the Area called a meeting of NGOs to discuss the formation of the Consejo, but then cancelled the meeting

before it could take place. Pro Redes hopes to continue support to NGOs and the Area in the formation of a Consejo in 2003.

Solola:
When the project began, the Departmental Coordinator found that a Consejo had been formed in the past but that it had become inactive. An inventory of institutions identified 18 NGOs working in the Area, in addition to USAID projects, the MOH and IGSS. The project then began meeting with key persons to discuss the strengthening of the Consejo. The Governor, Area and Minugua all expressed interest. The first meeting on the formation of the Consejo was held with this small group in the salon municipal. This meeting was attended by the Area director, Minugua, and a representative of NGOs who is a member of the Unidad Tecnica del Consejo de Desarrollo Departamental. This meeting was followed by a meeting in the Area on the formation the Consejo, and was attended by representatives of Gobernacion, the health Area, the NGO representative and Minugua. At this second meeting, the small group prepared an agenda for a first meeting with NGOs on the formation of the Consejo in the department. The first meeting with NGOs was held on April 26 and included representatives from the Area, 5 NGOs, Minugua, Calidad en Salud and the project. The group expressed interest in the idea of a Consejo and formed a Provisional Commission for its formation. On May 3, the second meeting of the wider group was held and included representatives from the Area, the national hospital of Solola, 6 NGOs, Minugua and the project. At this meeting the group decided to hold a Convocatoria for the rest of the NGOs, and exchange experiences with the successful Consejo from Alta Verapaz. Small commissions were formed for coordination. A timeline was also developed for the Provisional Commission to take possession of the Board of Directors of the Consejo. This Commission met with the Area, 2 NGOs, Pro Redes and CARE. The general NGO Convocatoria took place on August 2. In 2002, the Commission involved 5-12 institutions and 9 out of the 10 districts in Solola. There is a general consensus among participants on the plans for the Consejo and the Board of Directors in 2003.

Objective 9: Assist NGOs to sustain their reproductive and child health services:
This component will work with grantee networks and NGOs to improve the sustainability of their primary care services once project funding has ended.

A. Diagnostico module for baseline on Network and NGO sustainability
As discussed above, the project has developed a Diagnostico Situacional instrument to assist Networks to analyze their strengths and weaknesses. One of the five modules in the Diagnostico instrument pertains to sustainability.

B. Sustainability focus
The project is working to increase the sustainability of network and NGO primary care programs through:

1. The development of network and NGO revolving drug funds, and
2. Increasing the community's ability to prevent, detect and manage illnesses among the most vulnerable
3. Support to other proposals for increasing network and NGO sustainability that are presented in the networks Strengthening Plans

C. Development of network and NGO revolving drug funds

As described above, Pro Redes and the five networks – united in the Comision de FRM – have developed guidelines and plans for the implementation of revolving drug funds. When USAID grant funding to these networks and NGOs ends in 2004, it is hoped that these funds will continue, allowing the networks and NGOs to continue basic service delivery for women and children without outside funding.

D. Community empowerment in the prevention and management of illnesses

Also as described above, the service delivery model AEC-ONG being implemented by Pro Redes and its grantees is a modification of the current SIAS PEC NGO model that strengthens the role of the community (through its FCs and Vigilantes) in the early detection and management of common illnesses and conditions among the most vulnerable population – children under 5 and women in fertile age. The project is providing funding for communities to establish Centros Comunitarios, one per FC, as the basis of operations on the local level, and fully training and equipping community members to implement AEIPI AINM-C. When USAID grant funding ends in 2004, the Centros Comunitarios will still be there, fully equipped and with trained community members able to continue the work of detection, prevention and management of the most common childhood and maternal health problems.

E. Support to sustainability proposals in the network and NGO Strengthening Plans

In addition, Pro Redes has budgeted some funds to provide each network with additional support to improve sustainability, based on the network strengthening plans that are a result of the Diagnotico process.

MONITORING AND EVALUATION: COMPONENT II

A. Development of the Final M and E Plan

The final Project M and E Plan was developed and approved in the first quarter of this year. This component of Pro Redes Salud will be monitored and evaluated using a Diagnostico Situacional of each network and periodic reporting on progress.

B. Results of the network Diagnostico Situacional

As discussed above in more detail, all five grantee networks have completed NGO Diagnosticos, data has been entered and analyzed, and reports are completed. Data was collected from a total of 48 NGO members. The full report is presented in Annex D of this report, and a summary is presented in Annex G. The results of these diagnosticos will be used by Pro Redes and the networks to plan strengthening of NGOs in 2003. The highlights of these Diagnosticos are as follows:

1. Integrated Child Health and Nutrition

- Most of the 48 NGOs reportedly work in the major areas of integrated child health.
- 90% to 95% of their technical staff and 92% to 95% of their volunteers had reportedly already been trained in the key technical areas, though none had yet received the new AEIPI AINM-C protocols and supporting materials at the time of the survey.

Highlights of reported service delivery in integrated child health in 2001

(Note: These figures should be considered NGO self-estimates overall and reflective of trends, rather than the results of surveys or systematic data collection):

- Immunization coverages between 74% and 95% for DPT 3, polio 3, BCG and measles among children under one year of age
- 90% of cases of dehydration detected and managed with ORS
- 33% of cases of severe dehydration or persistent diarrhea detected that were referred
- 63% of cases of pneumonia detected that were managed in the community with antibiotics
- 28% of cases of severe pneumonia were referred
- 49% of children under 2 attending growth monitoring sessions, half of whom were estimated to be growing well
- 19% of cases of severe malnutrition detected that were referred
- 55% of children under 2 receiving received Vitamin A
- 26% of children under 22 receiving iron
- An estimated 71% of children under 4 months being exclusively breast fed

- When asked to rate themselves in regard to their technical capacities and service provision in infant health, the majority rated themselves as "medium" in all technical areas.

2. Needs for program strengthening and training in integrated child health

The three most frequently mentioned needs for strengthening or training (29 NGOs) were:

- Standardized training of technical staff and volunteers in all areas of integrated child health for technical staff and volunteers (12)
- Training in growth monitoring (8)
- Improved contracting of FCs and health promoters with an adequate profile (5)

3. Integrated Reproductive Health

- Most of the 48 NGOs also reportedly work in the major areas of integrated reproductive health.
- 42% to 89% of NGO technical staff and 46% to 93% of volunteer personnel have reportedly already been trained in the key technical areas, though both tended to have less training in IUD insertion and STIs than in other areas.

Reported service delivery in integrated reproductive health in 2001

- 59% of pregnant women in NGOs areas attending prenatal care, 37% of whom reportedly received tetanus toxoid, 61% with folic acid and 56% with iron
- 3% of births attended by doctors or other
- 11% of births attended by nurses or midwives
- 0.3% of communities with a casa maternal
- 43% of postpartum women attending postpartum care, 28% of whom received vitamin A
- 6% of women with post-partum emergencies referred
- 0.6% of newborns detected with danger signs referred
- A total of 315 CYPs for oral contraceptives, 211 for condoms; 3149 for IUDs; and 595 CYPs for voluntary sterilization (women and men) in NGO areas
- 7,953 new users of FP methods
- 8% of cases of STIs detected managed on the community level, and 8% of cases of STIs detected referred

- When asked to rate themselves in regard to their technical capacities and service provision in integrated reproductive health, the majority rated themselves as "medium" (54%).

4. HIV/AIDS

- 33% of 48 NGOs reported working in HIV/AIDS
- NGOs reported that 61% of their technical staff and 71% of their volunteer personnel have already received some training on HIV/AIDS

Reported service delivery in HIV/AIDS in 2001

- 9 NGOs out of 48 conduct household visits to detect possible case, while 25 NGOs out of 48 reportedly refer possible cases
- 13% of possible HIV/AIDS cases detected referred in 2001
- 14 NGOs out of 48 provide contact follow-up
- 8 NGOs out of 48 provide medicine for symptom alleviation

- When asked to rate themselves in regard to their technical capacities and service provision in HIV/AIDS, the majority rated themselves as "weak" (54%). All felt their technical staff and volunteers needed training.

5. Cervical cancer

- Half of the 48 NGOs reported working in the area of cervical cancer.
- 74% of NGO technical staff and 72% of volunteers have already received some training.

Reported service delivery in cancer in 2001

- 21 NGOs out of 48 conduct household visits to promote pap exams and 26 NGOs out of 48 take pap smears in the community
- An estimated 9% of women in fertile age in NGO areas received the pap exam in 2001, and 16% of exams done were found to be abnormal
- 25 NGOs out of 48 deliver pap smears to the lab for analysis and refer women with abnormal results to the next level of care
- 17 NGOs have coordination plans with the national hospital for referral of cases

- When asked to rate themselves in regard to their technical capacities and service provision in cervical cancer, the majority rated themselves as "medium" (54%).

6. *NGO needs for program strengthening and training in integrated reproductive health, HIV/AIDS and cervical cancer*

   The top priorities for strengthening and training in integrated reproductive health, HIV/AIDS and cancer (48 NGOs) were:

- Receive standardized training in integrated reproductive health to improve services (15)
- Receive training in HIV/AIDS to improve services (19)
- Receive training in cancer to improve services (8)
- Improve counseling (8)

7. IEC/behavior change and community participation

- Most NGOs out of a total of 48 reported working in IEC and behavior change, primarily in group and individual education, and least in mass media and community entertainment.
- NGOs reported that 76% of their technical staff and 51% of their volunteer personnel have been trained in IEC and behavior change
- NGOs reported that 82% of their technical staff and 62% of their volunteers have been trained in community participation.

Reported service delivery in IEC/behavior change and community participation in 2001

- NGOs reported having conducted a total of 18,481 group discussions on health topics and 20,568 individual counseling sessions in 2001
- 3,387 messages were transmitted by mass media and1857 community entertainment sessions were conducted, while 188 campaigns or special events were held
- NGOs reported that 70% of their communities had received community organizion, while 75% had conducted an auto-diagnostico or sala situacional
- 64% of communities developed action plans outlining problems and solutions, and 58% of implemented their action plans and monitored and evaluated results.

- The majority of NGOs rated themselves as "medium" in IEC/behavior change (73%).
- The majority of NGOs rated themselves as "medium" in community participation (52%).

8. *NGO needs for strengthening in IEC/behavior change and community participation*

   The top priorities for strengthening and training in IEC/behavior change and community organization (23 NGOs) were:

- IEC materials and equipment (13)

- Training in participatory methods (12)
- Valid monitoring and evaluation tools for IEC (6)
- Receive training in IEC (5)
- Top IEC topics were:
  - Integrated child health
  - Integrated reproductive health
  - Intra-familial violence
  - HIV/AIDS
  - Drug addiction
  - Alcoholism
- Top IEC supplies and equipment needs were:
  - Print materials (posters, pamphlets, flip charts
  - Equipment (video cassettes and players, televisions)

9. NGO program and institutional sustainability

- Most of the 48 NGOs rated their current levels of funding as "average" (46%)
- Most funding was "mixed" external and NGO funds (50%)
- Most current funding was for 1-3 years (50%)
- Most NGOs felt that their current level of funding would increase over the next 2 years (40%)
- Most NGOs rated the sustainability of their current programs as "medium to weak" (46%).
- The top plans for long-term funding and institutional sustainability were:
  - Develop proposals for funding (13)
  - Develop revolving drug funds and ventas sociales (3)
  - Consolidate participation in networks (3)
  - Coordinate with other organizations (3)
  - Provide care with cost recovery (3)
  - Determine alternative ways of generating funding (3)

C. Operations research to compare primary care service delivery models

1. Description of the study

As mentioned above, the Ministry of Health will begin an operations research activity in early 2003 designed to compare the cost-effectiveness and cost/efficiency of AEIPI AINM-C service delivery among four models of primary care service extension in highland communities. This research is being supported jointly by the MOH, Calidad en Salud, and Pro Redes. It is hoped that the results of this study will provide valuable information to the MOH to further improve its NGO coverage extension program, SIAS PEC NGOs. The four models to be compared are as follows:

Experimental models:

1. Ampliacion de Extension de Cobertura a través de Puestos de Salud (AEC P/S), being implemented by the MOH with assistance from Calidad en Salud
2. Ampliación de Extensión de Cobertura a través de ONGs (AEC-NGO), being implemented by networks and NGOs, with assistance from Pro Redes Salud

Controls:

3. Traditional model of the Puesto de Salud
4. SIAS Proceso de Extensión de Cobertura a través de ONGs (PEC-ONG)

Data relating to inputs, process and results will be collected from each of these models in three study departments (Quetzaltenango, San Marcos and Totonicapan). The study will begin with the baseline process in January-March, 2003 and continue with ongoing process data collection from April, 2003 to April, 2004.

2. *Baseline, input and process data*
Data relating to inputs, process and results will be collected from each of these models during 2003-2004. The study will begin with the baseline survey in selected areas in January-March, 2003 and will continue with ongoing process data collection from April, 2003 to April, 2004. A baseline sample has been determined for each of the four models, and a standardized baseline survey instrument will be used to collect household level data within each of the sample areas. This instrument is currently being finalized by Calidad en Salud and Pro Redes.

3. *Final evaluation, 2004*
A final household-level data collection is planned for the second quarter of 2004. The results of this survey will be compared with the baseline data to be gathered in early 2003.

IV. Other Coordination

A. Ministerio de Salud

1. *Meetings on the Central Level:*
In addition to the coordination discussed above during network and NGO selection, revision of training and IEC materials, the development of the MOU, and the coordination of the SIAS PEC NGO training, Pro Redes Salud also met frequently with the MOH – particularly UPS1 – to introduce the project and get to know the SIAS PEC NGO program in detail. The Vice Minister of Health has also been particularly instrumental in opening doors for the project, and has been a strong supporter since the beginning.

2. *Joint presentation of the project in the Departments:*
Once the central level MOH and project staff were coordinated, staff from UPS1 and Pro Redes held several meetings in Quetzaltenango and Chimaltenango to explain the project to the Area staff, and present the Letter of Understanding. These meetings were held prior to the network

and NGO selection process. Pro Redes is extremely grateful to the MOH for its wholehearted support to the project and hopes to continue to have a positive relationship with the Ministry throughout the life of the project.

3. *Joint presentation of the service delivery model with innovations to the health areas and districts:*
Once the project and UPS1 had come to an agreement on the design of the service delivery model and the innovations to be tested through the project, all health area and affected districts were convened in Chichicastenango to present the concept to them. The letter was sent out by the Ministry of Health, signed by the Director General.

B. Calidad en Salud

The Project has worked closely with Calidad en Salud staff to date, primarily on the following:

1. Coordination of the training of SIAS PEC NGOs

1. **Joint visit to Honduras:** In February of this year, project staff visited Honduras with 17 representatives of Calidad en Salud, USAID, the MOH and key PVOs to see the successful Atencion Integral de Nutricion (AIN) growth monitoring program in action. The visit lasted for 4 days. When the team returned, on March 8 the MOH held a meeting to present the agreements made during the visit. The decision was taken by the MOH to adapt and implement AIN in Guatemala.

2. **Coordination meetings and the development of a joint budget:** Following this decision, the project worked very closely with staff from Calidad en Salud to determine the way in which the training would take place – the details of the cascade described above – and which organization would pay for what. The project first developed a proposed outline for the cascade, and then developed a joint budget.

3. **Review of training materials:** Pro Redes staff met frequently during 2002 with key staff from Calidad en Salud to review the training materials for AIEPI (Manejo de Casos) and AINM-C (Promotion and Prevention) and determine modifications as necessary.

4. **IEC coordination:** The project has also worked closely with key Calidad en Salud staff in the review of supporting IEC materials. These materials are for the most part being reproduced by URC for the training cascade.

2. Joint meeting of URC and PRS departmental level staff:
In mid-2002, Pro Redes Salud, Calidad en Salud and JHPIEGO held a joint meeting with all departmental level staff from the three projects to present each project to the group, and clarify roles. Although coordination is close, particularly with Calidad en Salud on the central level, now that projects have begun on the local levels it is important that the departmental staff from all three projects are fully briefed. Joint quarterly meetings of field staff are included in the project plan for 2003.

3. *Joint development of the Operations Research comparing service delivery models:* As mentioned above, the MOH will conduct an operations research in 2003-2004 comparing several service delivery models. Calidad en Salud and Pro Redes worked closely together in the last part of 2002 to develop the final the protocol, the sample, the baseline instrument and the joint budget. Pro Redes will continue to work closely with Calidad en Salud in 2003 to support the MOH in the implementation of this research.

C. APROFAM

1. *Provision of contraceptives*
   APROFAM will provide grantee networks and NGOs with contraceptives in 2003. To date, Pro Redes has met several times with APROFAM and implementing NGOs regarding the delivery of contraceptives to NGOs. Methods to be provided include the following:

   - Condoms
   - IUDs
   - Depo-Provera
   - Oral contraceptives

   Contraceptives have been ordered for the first funding round of networks and NGOs. In January, 2003, Pro Redes will meet with APROFAM to sign agreements between the NGOs and APROFAM, operationalize the training of the grantees in logistics and the way in which distribution and monitoring of commodities will be handled.